

1.) CORPORATION NAME:

DUE DATE: **3/31/2011**

**COUNTRY INVESTORS LIFE ASSURANCE COMPANY**

SCC ID NO: **F1659541**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1701 TOWANDA AVE

CITY/ST/ZIP: BLOOMINGTON, IL 61701-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP T NELSON  
TITLE: PRESIDENT  
ADDRESS: 1701 TOWANDA AVE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: RICHARD L GUEBERT JR  
TITLE: VICE PRESIDENT  
ADDRESS: 1701 TOWANDA AVE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: DAVID A MAGERS  
TITLE: EX VP/CEO  
ADDRESS: 1701 TOWANDA AVE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: JAMES M JACOBS  
TITLE: GNRL CLN/SEC  
ADDRESS: 1701 TOWANDA AVE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: MATTHEW J KOPFF  
TITLE: ASSOC CONTR  
ADDRESS: 1701 TOWANDA AVE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MATTHEW J KOPFF</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MATTHEW J KOPFF, ASSOC CONTR</u> PRINTED NAME AND CORPORATE TITLE	<u>3/21/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.