

1.) CORPORATION NAME: FARM FAMILY LIFE INSURANCE COMPANY	DUE DATE: 10/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1806209				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: NY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>61,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	61,000
CLASS	AUTHORIZED				
COMMON	61,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 344 ROUTE 9W

CITY/ST/ZIP: GLENMONT, NY 12077

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: TIMOTHY A WALSH TITLE: P,CEO ADDRESS: P O BOX 656 CITY/ST/ZIP/CO: ALBANY, NY 12201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN A COLE TITLE: VICE PRESIDENT ADDRESS: P O BOX 656 CITY/ST/ZIP/CO: ALBANY, NY 12201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: VICTORIA M STANTON TITLE: SECRETARY ADDRESS: PO BOX 656 CITY/ST/ZIP/CO: ALBANY, NY 12201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHELE M BARTKOWSKI TITLE: TREA ADDRESS: P O BOX 656 CITY/ST/ZIP/CO: ALBANY, NY 12201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ALEXANDER P DOWSE TITLE: DIRECTOR ADDRESS: P O BOX 656 CITY/ST/ZIP/CO: ALBANY, NY 12201	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	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.

/s/ VICTORIA M STANTON	VICTORIA M STANTON, SECRETARY	8/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.