

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # 450487 (4)
1. Corporation Name
FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY



Principal Place of Business
5700 S.W. 34TH. STREET
GAINESVILLE FL 32608

Mailing Address
5700 S.W. 34TH. STREET
GAINESVILLE FL 32608-5372

3. Date Incorporated or Qualified 04/16/1974	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1518356	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE _____ DATE _____

CR2E034 (9/96)

SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

12. NAMES AND STREET ADDRESSES OF EACH 1997 DIRECTOR AND OFFICER

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Loop, Carl B., Jr.	P/D	5700 SW 34th Street	Gainesville, FL 32608
Jarratt, Robert	V/M	5700 SW 34th Street	Gainesville, FL 32608
Bass, James C. "J.C."	V/D	16205 Hwy. 98, N.	Okeechobee, FL 34972
McMullian, L.E., Jr.	S/D	7130 Green Road	Sneads, FL 32460
Bryan, Myron	T/D	22416 Old Providence Road	Alachua, FL 32615
Anderson, Ronald	D	9516 Airline Highway	Baton Rouge, LA
Whisenhunt, Andrew	D	Route 1, Box 46	Bradley, AR
Bell, Harry	D	724 Knox Abbott Drive	Cayce, SC
Waller, Donald A.	D	6310 I-55 North	Jackson, MS
Stallman, Bob	D	147 Bear Creek Pike	Columbia TN 38401-2266