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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90021 025 ***150.00

DOCUMENT # **450487**

1. Corporation Name
FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/16/1974

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-1518356 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. XX☐ Yes ☐ No

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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHISENHUNT, ANDREW		1.2 NAME	SEE ATTACHED SUPPLEMENT
STREET ADDRESS	ROUTE 1 BOX 46 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADLEY AR		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOOP, CARL, B		2.2 NAME	
STREET ADDRESS	5700 S.W. 34 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, MYRON		3.2 NAME	
STREET ADDRESS	22416 OLD PROVIDENCE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMULLIAN, L.E., JR.		4.2 NAME	
STREET ADDRESS	7130 GREEN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460		4.4 CITY-ST-ZIP	
TITLE	VM	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JARRATT, ROBERT		5.2 NAME	
STREET ADDRESS	5700 S.W. 34 STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WALLER, DONALD, A		6.2 NAME	
STREET ADDRESS	6310 - I-55 NORTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ MARCH 22, 1999 352/374-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARL B. LOOP, JR.

CR2E034 (11/98)

27562-99991-38
450487

SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

12. NAMES AND STREET ADDRESSES OF EACH 1999 DIRECTOR AND OFFICER

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