## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 29, 2001 8:00 am Secretary of State **DOCUMENT # 450487** 1. Entity Name FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY 3-29-2001 90409 015 \*\*\*150.00 Principal Place of Business Mailing Address 5700 S.W. 34TH. STREET 5700 S.W. 34TH. STREET GAINESVILLE FL 32608 GAINESVILLE FL 32608 D0029586 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1518356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL Zio Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, Change TITLE ☐ Detete TITLE WHISENHUNT, ANDREW NAME STREET ADDRESS ROUTE 1 BOX 46 N/A STREET ADDRESS Machney CITY-ST-ZIP CITY-ST-ZIP BRADLEY AR TITLE ☐ Delete TITLE Addition NAME LOOP, CARL, B NAME STREET ADDRESS 5700 S.W. 34 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Change ☐ Addition TITLE Delete TITLE NAME BRYAN, MYRON NAME STREET ADDRESS 22416 OLD PROVIDENCE ROAD STREET AODRS SITY ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete ☐ Change □ Addition TITLE TITLE MCMULLIAN, LE., JR. NAME NAME STREET ADDRESS 7130 GREEN RD STREET ADDRESS CITY-ST-ZIP SNEADS FL 32460 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE JARRATT, ROBERT NAME NAME 5700 S.W. 34 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32608 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition *Wa*ller, Donald, A NAME STREET ADDRE 6310 - I-55 NORTH STREET ADDRESS

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

JACKSON MS

CITY-ST-ZIP

CARL B. LOOP, JR

HUSDASTA HUSDANNAN+

## SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

## 12. NAMES AND STREET ADDRESSES OF EACH 2001 DIRECTORS AND OFFICERS

Stallman, Bob	Waller, Donald A.	Bell, Harry	Whisenhunt, Andrew	Anderson, Ronald	Bryan, Myron	Hoblick, John	Roth, Rick	Jarratt, Robert	Loop, Carl B., Jr.	NAMES OF OFFICERS & DIRECTORS
D	D	D	D	D	T/D	S/D	VP/D	V/M	P/D	ΤΙΤLΕ
147 Bear Creek Pike	6310 I-55 North	724 Knox Abbott Drive	Route 1, Box 46	9516 Airline Highway	22416 Old Providence Road	250 W. Retta	232 NW Ave. L Street	5700 SW 34th Street	5700 SW 34th Street	STREET ADDRESS
Columbia TN 38401-2266	Jackson, MS	Cayce, SC	Bradley, AR	Baton Rouge, LA	Alachua, FL 32615	DeLeon Spgs FL 32130	Belle Glade FL 33430	Gainesville, FL 32608	Gainesville, FL 32608	CITY/STATE