CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # 450487 1. Entity Name 04-30-2002 90022 002 ***150 00 FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY Principal Place of Business Mailing Address 5700 S.W. 34TH, STREET 5700 S.W. 34TH. STREET OBLORO GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1518356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL Zip 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, 2002 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. ☐ Addition ☐ Change ☐ Delete TITLE NAME LOOP, CARL B JR NAME Alachmen STREET ADDRESS STREET ADDRESS 5700 SW 34TH STREET CITY-ST-ZIP GAINESVILLE FL 32608 CITY-ST-ZIP TITI F ☐ Delete TITLE ■ Addition **VM** NAME Jarratt, Robert NAME STREET ADDRESS STREET ADDRESS 5700 S.W. 34 ST CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** TITLE ☐ Delete TITLE ☐ Change ☐ Addition VPD NAME NAME roth, rick STREET ADDRESS STREET ADDRESS 232 NW AVE L STREET CITY-ST-ZIP CITY-ST BELLE GLADE FL 33430 ☐ Delete ☐ Addition TITLE SD ☐ Change NAME HOBLICK, JOHN NAME STREET ADDRESS STREET ADDRESS 250 W RETTA CITY-ST-ZiP CITY-ST-7IP DE LEON SPRINGS FL 32130 ☐ Addition TITLE TD ☐ Delete TITLE ☐ Change NAME NAME BRYAN, MYRON STREET ADDRESS STREET ADDRESS 22416 OLD PROVIDENCE ROAD CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 TITLE ☐ Delete TITLE Change ☐ Addition NAME ANDERSON, RONALD NAME 9516 AIRLINE HIGHWAY STREET ADDRE STREET ADDRESS CIDY ST-ZIP CITY-ST-ZIP BATON ROUGE LA

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 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 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

2002

Daytime Phone #

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SUPPLEMENT
(Florida Farm Bureau Casualty Insurance Company)

NAMES AND STREET ADDRESSES OF EACH 2002 DIRECTORS AND OFFICERS

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NAMES OF OFFICERS	TITLE	STREET ADDRESS	CITVICTATE
& DIRECTORS			
Loop, Carl B., Jr.	P/D	5700 SW 34th Street	Gainesville, FL 32608
Jarratt, Robert	N/M	5700 SW 34th Street	Gainesville FI 32608
Roth, Rick	VP/D	232 NW Ave. L Street	Belle Glade El 33430
Hoblick, John	Q/S	250 W. Retta	Del eon Soos El 32130
Bryan, Myron	T/D	22416 Old Providence Road	Machina El 32615
Anderson, Ronald	Q	9516 Airline Highway	Raton Dougo I A
Wrinkles, David	0	724 Knox Abbott Drive	Cayre SC 20033
Waide, David	D	6311 Ridgewood Road	Jackson MS 30211
Patman, Donald	Q	7420 Fish Pond Road	Waco TX 76710
Hilman, David	D	10720 Kanis Road	Little Rock. AR 72211-3825