2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# 450487

Entity Name: FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-1518356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: COURTNEY, BILL L
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: GINDY, BERT
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD
Name: SCHIRARD, BRANT
Address: 1860 PULITZER ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: SD
Name: BYRD, MARK A
Address: 8286 STONE RD.
City-St-Zip: APOPKA, FL 32703

Title: VP
Name: HILL, MIKE
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32614

Title: D
Name: ANDERSON, RONALD
Address: 9516 AIRLINE HIGHWAY
City-St-Zip: BATON ROUGE, LA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BILL COURTNEY PRES 03/30/2012

Electronic Signature of Signing Officer or Director — Date