**FILED** 

Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90155 013 \*\*\*158.75

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

F94000004650 DOCUMENT #

1. Entity Name

SOUTHERN FARM BUREAU PROPERTY INSURANCE COMPA

			A SO WE IN	<b>/</b>		
Principal Place of Business 1800 EAST COUNTYLINE RD. RIDGELAND MS 39158-1800 US		Mailing Address PO BOX 1800 RIDGELAND MS 39158-1800		239 TATOA		11 <b>3</b> 1141 <b>88</b> 14 4 <b>88</b> 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 64-0849246	<u> </u>	Applied For
Zìp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registere		-
			Name		<u></u>	
INSURAN CAPITOL	ICE COMMISSIONER		Street Addres	s (P.O. Box Number is Not Acceptable)		
TALLAHA	SSEE FL 32399-0300					
	t. ≪a		City	F	Zip Cod	de
8. The above the obligation of	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I ar	n familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd file it englishts (AIOX	E: Registered Agent signature requi		<u></u>	
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ANDERSON, RONNIE PO BOX 25, LINE ROAD ETHEL LA 70730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARNETT, GERALD 263 FOREST LAKE DRIVÉ MADISON MS 39110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGRAM, STEVEN W 302 DOVER LANE MADISON MS 39110	. Delete	NAME STREET ADDRESS CITY-ST-ZIP		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, DENNIS 202 WESTFIELD ROAD RIDGELAND MS 39157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLES, DAVID M JR PO BOX 1389, 4990 LODEBAR RD SUMTER SC 29151	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	·	☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



attachment

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ΑV	Jonene Sartin	1800 E. County Line, Ridgeland, MS 39157
AV	Judy Blackburn	1800 E. County Line, Ridgeland, MS 39157