2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2025
Secretary of State
7475899435CC

DOCUMENT# 450487

Entity Name: FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

P.O. BOX 147030
GAINESVILLE, FL 32614 US

FEI Number: 59-1518356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title	PRESIDENT & CEO
Name	SIMS, RICHARD
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	SMITH, JEB
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	CURRIER, CARLYLE
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	SECRETARY
Name	SARGENT, JOHNNY
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	FONTENOT, RICHARD
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	MCCORMICK, DAVID MICHAEL
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	OTT, HARRY
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	VICE PRESIDENT
Name	BLACKBURN, KIMBERLY
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

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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: STEPHEN T. GRABOW VICE PRESIDENT 02/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VICE PRESIDENT
Name	GRABOW, STEPHEN
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	VICE PRESIDENT
Name	THOMAS, MARK
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	DIRECTOR
Name	WRIGHT, DANNY RUSSELL
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	SENIOR VICE PRESIDENT - CHIEF FINANCIAL OFFICER
Name	JACOBSEN, PATRICIA
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	VICE PRESIDENT
Name	AYOUB, JEFFREY
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	VICE PRESIDENT
Name	HOLDSWORTH, JOHN WILBUR JR.
Address	PO BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	SENIOR VICE PRESIDENT - STATE MANAGER
Name	MARTIN, SCOTT
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614