

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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 MURRAY, STEVEN
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614

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

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

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

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

Title DIRECTOR
Name VEACH, RANDY
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 WARREN, LYDIA
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614

Continues on page 2

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: MICHAEL HILLVICE PRESIDENT,
FINANCE

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VICE PRESIDENT
Name HILL, MICHAEL
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 VICE PRESIDENT
Name GRABOW, STEPHEN
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