2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2015
Secretary of State
CC8338714785

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
5700 SW 34TH STREET
GAINESVILLE, FL 32608 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	HOBLICK, JOHN
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	WINKLES, DAVID JR.
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	KNIGHT, RANDY
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	VICE PRESIDENT
Name	INGRAM, STEVE
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: MICHAEL HILL — VICE PRESIDENT, FINANCE — 03/06/2015

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

Title VICE PRESIDENT
Name SMITH, MARVIN
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 GINDY, BERT
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 TANNER, STEPHEN
Address P.O. BOX 147030
City-State-Zip: GAINESVILLE FL 32614