

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001591

Entity Name: AMFED CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**576 HIGHLAND COLONY PARKWAY, SUITE 300
RIDGELAND, MS 39157**Current Mailing Address:**P. O. BOX 1380
RIDGELAND, MS 39158-1380 US**FEI Number:** 20-0392750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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	DIRECTOR
Name	ROBERTS, JOHN WILLIAM
Address	347 SUNDIAL ROAD
City-State-Zip:	MADISON MS 39110

Title	DIRECTOR, COO
Name	MCLEMORE, GREGORY THOMAS
Address	403 PORT HARBOR
City-State-Zip:	BRANDON MS 39047

Title	CFO
Name	CAMP, RICHARD CHARLES
Address	107 LAKEPOINTE DRIVE
City-State-Zip:	MADISON MS 39110

Title	CEO, DIRECTOR
Name	KRAMER, MATTHEW
Address	55 WEST 56TH STREET
City-State-Zip:	NEW YORK NY 10036

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: RICHARD CHARLES CAMP

CFO

01/24/2022

Electronic Signature of Signing Officer/Director Detail_____
Date