

2021 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 CHRM/P
Name ROBERTS, JOHN WILLIAM
Address 347 SUNDIAL ROAD
City-State-Zip: MADISON MS 39110

Title D/VP
Name MCLEMORE, GREGORY THOMAS
Address 403 PORT HARBOR
City-State-Zip: BRANDON MS 39047

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

Title D/S
Name MASSEY, DONALD ROBIN
Address 6889 AC BROWN ROAD
City-State-Zip: MERIDIAN MS 39305

Title D
Name QUIN, WADE BYERS
Address 749 OAKMONT PARKWAY
City-State-Zip: RIDGELAND MS 39157

Title VP
Name RICHARDSON, MICHAEL GLENN
Address 219 SUNDIAL ROAD
City-State-Zip: MADISON MS 39110

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****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date