

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90221 025 ***150.00

DOCUMENT # 450487

1. Entity Name
**FLORIDA FARM BUREAU CASUALTY INSURANCE
COMPANY**



Principal Place of Business

Mailing Address

5700 S.W. 34TH. STREET
GAINESVILLE, FL 32608

5700 S.W. 34TH. STREET
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1518356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOOP, CARL B JR 5700 SW 34TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM JARRATT, ROBERT 5700 S.W. 34 ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROTH, RICK 232 NW AVE L STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOBICK, JOHN 250 W RETTA DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYAN, MYRON 22416 OLD PROVIDENCE ROAD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, RONALD 9516 AIRLINE HIGHWAY BATON ROUGE, LA

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Carl B. Loop, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL B. LOOP, JR., PRESIDENT

APRIL 15, 2005 352/374-1504
Date Daytime Phone #

SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

12. NAMES AND STREET ADDRESSES OF EACH 2005 DIRECTORS AND OFFICERS

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Loop, Carl B., Jr.	P/D	5700 SW 34th Street	Gainesville, FL 32608
Jarratt, Robert	V/M	5700 SW 34th Street	Gainesville, FL 32608
Roth, Rick	VP/D	27502 County Road 880	Belle Glade FL 33430
Hoblick, John	S/D	250 W. Retta	DeLeon Spgs FL 32130
Waring, Howell	T/D	3639 North State Road 53	Madison, FL 32340
Anderson, Ronald	D	9516 Airline Highway	Baton Rouge, LA
Wrinkles, David	D	724 Knox Abbott Drive	Cayce, SC 29033
Waide, David	D	6311 Ridgewood Road	Jackson, MS 39211
Patman, Donald	D	7420 Fish Pond Road	Waco, TX 76710
Hilman, David	D	10720 Kanis Road	Little Rock, AR 72211-3825

ATTACHMENT

40063731
456487