


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90187 010 \*\*\*150.00

<b>DOCUMENT # 450487</b> 1. Entity Name <b>FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY</b>					
Principal Place of Business  <b>5700 S.W. 34TH. STREET GAINESVILLE, FL 32608</b>			Mailing Address  <b>5700 S.W. 34TH. STREET GAINESVILLE, FL 32608</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>59-1518356</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242006      Chg-P      CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LOOP, CARL B JR 5700 SW 34TH STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>See Attachment</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VM JARRATT, ROBERT 5700 S.W. 34 ST GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD ROTH, RICK 27502 COUNTY ROAD 880 BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HOBLICK, JOHN 250 W RETTA DE LEON SPRINGS, FL 32130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BRYAN, MYRON 3639 NORTH STATE ROSD 53 MADISON, FL 32340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDERSON, RONALD 9516 AIRLINE HIGHWAY BATON ROUGE, LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Carl B. Regan Jr. President</i> <i>7/26/06</i> <i>352-374-1504</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

# SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

## 12. NAMES AND STREET ADDRESSES OF EACH 2006 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
Courtney, Bill	V/M	5700 SW 34th Street	Gainesville, FL 32608
Roth, Rick	V/D	PO Box 1300	Belle Glade FL 33430
Hoblick, John	S/D	250 W. Retta	DeLeon Spgs FL 32130
Deas, Jon	T/D	5854 NW County road 146	Jennings, FL 32053
Anderson, Ronald	D	9516 Airline Highway	Baton Rouge, LA
Winkles, David	D	724 Knox Abbott Drive	Cayce, SC 29033
Waide, David	D	6311 Ridgewood Road	Jackson, MS 39211
Dierschke, Kenneth	D	7420 Fish Pond Road	Waco, TX 76710
Reed, Stanley	D	10720 Kanis Road	Little Rock, AR 72211-3825

ATTACHMENT ~~40066468~~  
# 450487