

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 029 ***150.00

DOCUMENT # 450487

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



Principal Place of Business Mailing Address
5700 S.W. 34TH. STREET **5700 S.W. 34TH. STREET**
GAINESVILLE, FL 32608 **GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02042008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOOP, CARL B JR	
STREET ADDRESS	5700 SW 34TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	LOOP, CARL B JR	
STREET ADDRESS	5700 SW 34TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTH, RICK	
STREET ADDRESS	27502 COUNTY ROAD 880	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOBLOCK, JOHN	
STREET ADDRESS	250 W RETTA	
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COURTNEY, BILL	
STREET ADDRESS	5700 SW 34TH STREET	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, RONALD	
STREET ADDRESS	9516 AIRLINE HIGHWAY	
CITY-ST-ZIP	BATON ROUGE, LA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBLOCK, JOHN L.	
STREET ADDRESS	5700 SW 34TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608-	
TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY, BILL	
STREET ADDRESS	5700 SW 34TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRD, MARK A.	
STREET ADDRESS	8286 STONE ROAD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAS, JON	
STREET ADDRESS	5854 NW COUNTY RD 146	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. HOBLOCK, PRESIDENT

4/28/08 352/374-1504

Date

Daytime Phone #

FFB Casualty Insurance Company
Corporation #450487
(Addendum to 2008 Corporation Annual Filing)

SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

12. NAMES AND STREET ADDRESSES OF EACH 2008 DIRECTORS AND OFFICERS

TITLE	NAMES OF OFFICERS & DIRECTORS	STREET ADDRESS	CITY/STATE
D	Anderson, Ronald	9516 Airline Highway	Baton Rouge, LA
D	Winkles, David	724 Knox Abbott Drive	Cayce, SC 29033
D	Waide, David	6311 Ridgewood Road	Jackson, MS 39211
D	Dierschke, Kenneth	7420 Fish Pond Road	Waco, TX 76710
D	Reed, Stanley	10720 Kanis Road	Little Rock, AR 72211-3825

ATTACHMENT
40088322