

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 450487

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

FEI Number: 59-1518356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOBLICK, JOHN L
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VM () Delete
Name: COURTNEY, BILL
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD () Delete
Name: ROTH, RICK
Address: 27502 COUNTY ROAD 880
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: BYRD, MARK A
Address: 8286 STONE RD.
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: DEAS, JON
Address: 5854 NW COUNTY RD. 146
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: ANDERSON, RONALD
Address: 9516 AIRLINE HIGHWAY
City-St-Zip: BATON ROUGE, LA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN GRABOW

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date