

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 450487

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

5700 SW 34TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5700 SW 34TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

**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  
Name: HOBLOCK, JOHN L  
Address: 5700 SW 34TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

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

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

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

Title: VP  
Name: HILL, MIKE  
Address: P.O. BOX 147030  
City-St-Zip: GAINESVILLE, FL 32614

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

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:** JOHN L. HOBLOCK

PRES

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date