

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807453

FILED
Apr 28, 2006
Secretary of State

Entity Name: SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Current Principal Place of Business:

1401 LIVINGSTON LANE
P O BOX 78
JACKSON, MS 39205

New Principal Place of Business:

1401 LIVINGSTON LANE
P O BOX 78
JACKSON, MS 39205 US

Current Mailing Address:

% LISA ROBERTSON
P O BOX 78
JACKSON, MS 39205

New Mailing Address:

% LISA ROBERTSON
P O BOX 78
JACKSON, MS 39205 US

FEI Number: 64-0283583

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: PCD () Delete
Name: LOOP, CARL B JR
Address: 3530 SILVERY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VCFO () Delete
Name: FAVREAU, LARRY
Address: 4741 W CHERYL DR
City-St-Zip: JACKSON, MS 39211

Title: VCEO () Delete
Name: STROBLE, JOEY
Address: 2205 HERITAGE HILL DR
City-St-Zip: JACKSON, MS 39211

Title: DFVP () Delete
Name: DOLLAR, WAYNE
Address: RT 2 BOX 112
City-St-Zip: OCHLOCKNEE, GA 317339802

Title: V () Delete
Name: GIANFRANCESCO, GINO
Address: 215 DEER RUN
City-St-Zip: RIDGELAND, MS 39157

Title: V () Delete
Name: JOHNS, RANDY
Address: 300 RED EAGLE CIRCLE
City-St-Zip: RIDGELAND, MS 39157

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:

Title: () Change () Addition
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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 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: ROBERT E. WARD, JR.

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date