2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807453

FILED Mar 17, 2011 Secretary of State

Entity Name: SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

1401 LIVINGSTON LANE JACKSON, MS 39213 US

Current Mailing Address: New Mailing Address:

P O BOX 78 ATTN: LISA ROBERTSON 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: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: PCD

Name: WOOTEN, LARRY B Address: 6000 CANADERO DRIVE City-St-Zip: RALEIGH, NC 27612

Title: VCFO

Name: FAVREAU, LAURENCE E Address: 4741 W CHERYL DR City-St-Zip: JACKSON, MS 39211

Title: VCEO

Name: STROBLE, JOEY
Address: 2205 HERITAGE HILL DR
City-St-Zip: JACKSON, MS 39211

Title: DFVP

Name: WINKLES, DAVID M JR.
Address: 1216 BOTANICAL PARKWAY
City-St-Zip: WEST COLUMBIA, SC 29160

Title: \

Name: GIANFRANCESCO, GINO Address: 215 DEER RUN City-St-Zip: RIDGELAND, MS 39157

Title:

Name: JOHNS, RANDY

Address: 300 RED EAGLE CIRCLE City-St-Zip: RIDGELAND, MS 39157

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: ROBERT E. WARD, JR. V 03/17/2011