

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807453

FILED
Mar 20, 2012
Secretary of State

Entity Name: SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Current Principal Place of Business:

1401 LIVINGSTON LANE
JACKSON, MS 39213 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 78
ATTN: LISA ROBERTSON
JACKSON, MS 39205 US

New Mailing Address:

P O BOX 78
ATTN: LISA ROBERTSON
JACKSON, MS 392050078 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

OFFICERS AND DIRECTORS:

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

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

Title: VCEO
Name: STROBLE, JOHN J
Address: 2205 HERITAGE HILL DR
City-St-Zip: JACKSON, MS 39211 US

Title: DFVP
Name: WINKLES, DAVID M JR.
Address: 119 SUNBURY LOOP
City-St-Zip: WEST COLUMBIA, SC 29169 US

Title: V
Name: HURT, DAVID B
Address: 114 TIMBER DR
City-St-Zip: MADISON, MS 39110 US

Title: V
Name: JOHNS, RANDY M
Address: 105 SELBY DR
City-St-Zip: MADISON, MS 39110 US

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

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date