


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005145	
1. Entity Name RANCHERS AND FARMERS INSURANCE COMPANY	

Principal Place of Business 2610 SWEETGUN LANE BEAUMONT, TX 77703	Mailing Address 2610 SWEETGUN LANE BEAUMONT, TX 77703
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0505287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIPLEY, WESLEY 3540 HEIGHTS BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEEHY, JAMES P 7855 WINDCHASE BEAUMONT, TX 77713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAY, JAMES A 6020 BARRINGTON AVE. BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOOR, GLENN D 1107 HOMESTEAD AVE. LUBBOCK, TX 79416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOOR, THEORDRIC E III 4755 MONTICELLO BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSOPPLE, VIVIAN R 695 20TH STREET BEAUMONT, TX 77706

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02/22/07-80010-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>James P. Sheehy</u>	1/30/07	409 832-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #