

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0505287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000958381  
08/25/08-80006-019 550.00

**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, THEODRIC E III 4755 MONTICELLO BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSOPPLE, VIVIAN R 695 20TH STREET BEAUMONT, TX 77706

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 (409) 924-8200

Date

Daytime Phone #

K735