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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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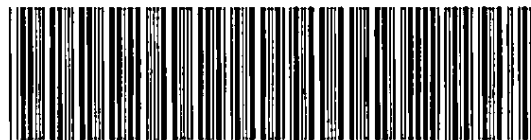
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY

1800 East County Line Road • Ridgeland, Mississippi 39157 • (601) 957-7777

February 24, 2021

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
2415 N. Monroe St., Ste. 810
P.O. Box 6327
Tallahassee, FL 32314

Re: Rural Insurance Agency – Application for Registration as a Florida Foreign Profit Corporation.

To Whom It May Concern:

Pursuant to § 607.1503(1) Fla. Stat., please find enclosed Rural Insurance Agency's Cover Letter, Application By Foreign Corporation For Authorization To Transact Business In Florida, and a Certificate of Good Standing from the Mississippi Secretary of State. Accompanying the documents is a check made payable to the Florida Department of State in the amount of \$87.50 to cover the necessary filing fees.

Should you have any questions concerning the enclosed documents or need any additional information, please do not hesitate to contact me at (601) 957-4519 or via email at rbelcher@sfbeic.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Rowe M. Belcher, III".

Rowe M. Belcher, III (Trey)
Senior Counsel

[Enclosure]

cc: Lydia Warren
Jerry Keating

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rural Insurance Agency - Application for Registration as a Florida Foreign Profit Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Trey Belcher

Name of Person

Southern Farm Bureau Casualty Insurance Company

Firm/Company

PO Box 1800 / 1800 E. County Line Road

Address

Ridgeland, Mississippi 39158-1800

City/State and Zip code

tbelcher@sfbci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trey Belcher

at (601) 9574519

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Rural Insurance Agency

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Rural Insurance Agency, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Mississippi

64-0413354

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

December 11, 1962

Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

6 N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6311 Ridgewood Road, Jackson, MS 39211

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Stephen Grabow

Office Address: 5700 SW 34th Street

Gainesville

Florida 32608

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Jerry Keating
☐ Vice Chairman Address: 6311 Ridgewood Road
☐ Director Jackson, MS 39211
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bridget Walker
☐ Vice Chairman Address: 6311 Ridgewood Road
☐ Director Jackson, MS 39211
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

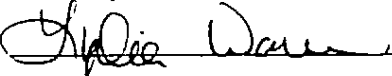
☐ Chairman Name: Henry Hamill
☐ Vice Chairman Address: 6311 Ridgewood Road
☐ Director Jackson, MS 39211
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Lydia Warren
☐ Vice Chairman Address: 1800 E. County Line Rd.
☐ Director Ridgeland, MS 39157
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Mike McCormick
☐ Vice Chairman Address: PO Box 1972
☐ Director Jackson, MS 39215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Rich Hillman
☐ Vice Chairman Address: 1012 N. Tate Street
☒ Director Carlisle, AR 72024
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Lydia Warren, Senior Vice President - Legal & Secretary

(Typed or printed name and capacity of person signing application)

[Additional Directors]

A. DIRECTORS

☐ Chairman Name: John Hoblick
☒ Vice Chairman Address: PO Box 147030
Gainesville, FL 32614
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Harry Ott
☐ Vice Chairman Address: PO Box 754
Columbia, SC 29202
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Carlyle Currier
☐ Vice Chairman Address: PO Box 5647
Denver, CO 80217
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jim Harper
☐ Vice Chairman Address: PO Box 95005
Baton Rouge, LA 70895
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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13. _____
 (Typed or printed name and capacity of person signing application)



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 11th day of December, 1962, the State of Mississippi issued a Charter/Certificate of Authority to:

RURAL INSURANCE AGENCY

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said RURAL INSURANCE AGENCY is in good standing at this time.

Given under my hand and seal of office
the 21st day of January, 2021

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN21101297

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>