

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04263

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1800 EAST COUNTY LINE ROAD
P O BOX 1800
RIDGELAND, MS 391581800 US

New Principal Place of Business:

1800 EAST COUNTY LINE ROAD
RIDGELAND, MS 39157 US

Current Mailing Address:

1800 EAST COUNTY LINE ROAD
P O BOX 1800
RIDGELAND, MS 391581800 US

New Mailing Address:

P.O. BOX 1800
RIDGELAND, MS 391581800 US

FEI Number: 64-0288243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, RONALD
Address: PO BOX 79 N/A
City-St-Zip: ETHEL, LA

Title: D () Delete
Name: WINKLES, DAVID M JR
Address: P.O. BOX 1389 - 4990 LODEBAR RD.
City-St-Zip: SUMTER, SC 29151

Title: D () Delete
Name: ZAUNBRECHER, LINDA
Address: RT 1 BOX 379
City-St-Zip: GUEYDAN, LA

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WAIDE, DAVID
Address: P.O. BOX 1972
City-St-Zip: JACKSON, MS 39215

Title: D (X) Change () Addition
Name: WINKLES, DAVID M JR
Address: 119 SUNBURY LOOP
City-St-Zip: WEST COLUMBIA, SC 29169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: JARRATT, ROBERT
Address: P.O. BOX 1800
City-St-Zip: RIDGELAND, MS 39158-180

Title: V () Change (X) Addition
Name: STEVEN, INGRAM W
Address: P.O. BOX 1800
City-St-Zip: RIDGELAND, MS 39158

Title: D () Change (X) Addition
Name: HOBLOCK, JOHN
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN W. INGRAM

V

04/15/2009

Electronic Signature of Signing Officer or Director

Date