FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:26

DOCUMENT # **P16471** **(5)**

1. Corporation Name

SOUTHERN FARM BUREAU ANNUITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1401 LIVINGSTON LANE P.O. BOX 78 JACKSON MS 39205	1401 LIVINGSTON LANE P.O. BOX 78 JACKSON MS 39205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 64-0657497 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BELL, HARRY SATCHER	12 NAME	
STREET ADDRESS	ROUTE 1 N/A	13 STREET ADDRESS	
CITY ST ZIP	WARD SC	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HATHAWAY, CHARLES G. (EX	22 NAME	
STREET ADDRESS	17 ROB LANE	23 STREET ADDRESS	
CITY ST ZIP	JACKSON MS	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COOK, VIRGIL NOLIN	32 NAME	
STREET ADDRESS	5237 CLOVERDALE DR.	33 STREET ADDRESS	
CITY ST ZIP	JACKSON MS	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LAWSON, SAMUEL KEMP	42 NAME	
STREET ADDRESS	140 DOGWOOD LANE SOUTH	43 STREET ADDRESS	
CITY ST ZIP	FLORENCE MS	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ASHWORTH, CARL WAYNE	52 NAME	
STREET ADDRESS	RT 2 BOX 796 N/A	53 STREET ADDRESS	
CITY ST ZIP	DANVILLE VA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CARTER, JAMES RICHARD, S	62 NAME	
STREET ADDRESS	BOX 458 N/A	63 STREET ADDRESS	
CITY ST ZIP	ROLLING FORK MS	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. K. LAWSON, TREASURER — 3-22-95 — (601) 981-7422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478967 FP