2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P93000000922

Entity Name: FLORIDA FARM BUREAU GENERAL INSURANCE COMPANY

Current Principal Place of Business:

5700 SW 3.4TH ST
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5700 SW 3.4TH ST
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3157701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OFFICERS AND DIRECTORS:

Title: VPD
Name: SCHIRARD, BRANT
Address: 1860 PULITZER ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: D
Name: ANDERSON, RONALD
Address: 9518 ARLINE HIGHWAY
City-St-Zip: BATON ROUGE, LA

Title: PRES
Name: HOBLICK, JOHN L
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32614

Title: VP
Name: COURTNEY, WILLIAM
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32614

Title: D
Name: WAIDE, DAVID W
Address: P.O. BOX 1972
City-St-Zip: JACKSON, MS 39215

Title: S
Name: BYRD, MARK A
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32614

I hereby 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 all other like empowered.

SIGNATURE: WM. PATRICK COCKRELL RES 02/22/2011

Electronic Signature of Signing Officer or Director — Date