2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003
Secretary of State

DOCUMENT# P95000071645

Entity Name: FFVA MUTUAL INSURANCE CO.

Current Principal Place of Business:

26 SE 1ST STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 1126
CHIEFLAND, FL 326441126 US

New Mailing Address:

P.O. BOX 140155
ORLANDO, FL 328140155 US

FEI Number: 59-6828087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAIR, ALAN
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803 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: VC ( ) Delete
Name: ROE, MORGAN H
Address: 500 AVE R SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: DUNSON, LESLIE III
Address: 400 EAGLE LOOP ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: C ( ) Delete
Name: ROGERS, GLENN R.
Address: 1807 MORNINGSIDE DRIVE
City-St-Zip: MT. DORA, FL

Title: ST ( ) Delete
Name: HAIR, ALAN E
Address: 4401 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: JOHNS, FRANK
Address: 6245 CR 13 SOUTH
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete
Name: HARLLEE, PETER JR
Address: 2308 HWY 301 NO.
City-St-Zip: PALMETTO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: ROE, MORGAN H
Address: 500 AVE R SW
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: D (X) Change ( ) Addition
Name: ROGERS, GLENN R.
Address: 1807 MORNINGSIDE DRIVE
City-St-Zip: MT. DORA, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN E. HAIR ST 01/28/2003

Electronic Signature of Signing Officer or Director — Date