

1.) CORPORATION NAME:

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0101461**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1401 LIVINGSTON LANE
PO BOX 78

CITY/ST/ZIP: JACKSON, MS 39213

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LARRY B WOOTEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME:	DAVID M WINKLES, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FIRST VP		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME:	ROBERT E WARD, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & CFO		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME:	LAURENCE E FAVREAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CEO		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME:	RICHARD G FIELDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ACTUARY		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME:	DAVID B HURT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	PO BOX 78		
CITY/ST/ZIP/CO:	JACKSON, MS 39205		

NAME: RANDY M JOHNS TITLE: SVP ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH A PURVIS TITLE: SECRETARY ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RONALD R ANDERSON TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH W DIERSCHKE TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VINCENT M DUVALL, SR TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEN M GRAMLING II TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK E HANEY TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM T HARPER TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD E HILLMAN TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN L HOBLICK TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEWEY L HUKILL TITLE: DIRECTOR ADDRESS: PO BOX 78 CITY/ST/ZIP/CO: JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY L KNIGHT DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD W LONG DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILLY R MAGEE DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDDIE A MELTON DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE F PRYOR DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD A SCHARER DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH B SCHIRARD, JR DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY R VEACH DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M WRIGHT, JR DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT E WARD, JR	ROBERT E WARD, JR, SVP & CFO	4/26/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.