

1.) CORPORATION NAME:

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0101461**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

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.

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

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

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

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

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH A PURVIS SECRETARY PO BOX 78 JACKSON, MS 39205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E WARD, JR SVP & CFO PO BOX 78 JACKSON, MS 39205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD R ANDERSON DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH W DIERSCHKE DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINCENT M DUVALL, SR DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN M GRAMLING II DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E HANEY DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM T HARPER DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD E HILLMAN DIRECTOR PO BOX 78 JACKSON, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L HOBLICK DIRECTOR PO BOX 78 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:	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:	Scott Whitford DIRECTOR PO Box 78 Jackson, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Stubblefield DIRECTOR PO Box 78 Jackson, MS 39205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gordon Metz, 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	4/21/2014
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.