## OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Mennonite Mutual Aid Association Company

Attn: Kerr; Lyle P.O. Box 483, 1110 N. Main St. EIN or SS#: \_35-6059333

Goshen, IN 46527	
Amount: \$61.25 Date Paid 7-10-96  Reason for claim: Overpagment for annual report - paid twice.	
No south t	7
#858454  Certified true and correct this5th day of November	
Signature Del Eller	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	
For Agency Use Only Agency recommends approval of above claim and submits the following information to	
Substantiate the claim: Amount of recommended minut 2: 61 25	
The amount requested above was originally deposited into the State Treasury, as a part of the	funds deposited on
State Treasurer's Receipt No. 197272-007. dated 7-10-96	
Name of Account	
452021300014530000000000100001	
Statutory Authority for Collection 617	
It is requested that payment be made from the following account:	
L IS requested that payment be made from the following account.	
NAME OF ACCOUNT:	
2452021300014530000000022002000000000000000000000000	
Certified true and correct this day of	
Department of State Division of Corporations (Authorized Signature and Title) Experience and Title)	
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Name:

Address: