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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:20

DOCUMENT # 858454 (2)

1. Corporation Name

MENNONITE MUTUAL AID ASSOCIATION COMPANY

Principal Place of Business	Mailing Address
1110 N. MAIN ST. P.O. BOX 483 GOSHEN IN 46526 US	1110 N. MAIN ST. P.O. BOX 483 GOSHEN IN 46526 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 35-6059333 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 46527 Country: 25	Zip: 29 46527 Country: 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BRENNEMAN, HOWARD	12 NAME	
STREET ADDRESS	720 FOXBRIAR	13 STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GARBODEN, STEVEN	22 NAME	
STREET ADDRESS	701 REVERE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SOMMERS, KARL	32 NAME	
STREET ADDRESS	850 S. INDIANA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, J B	42 NAME	
STREET ADDRESS	1601 S 8 ST	43 STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRUBAKER, BERYL	52 NAME	
STREET ADDRESS	965 BROADVIEW DR	53 STREET ADDRESS	
CITY-ST-ZIP	HARRISONBURG VA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	REIMER, RICHARD	62 NAME	
STREET ADDRESS	5760 FOX LAKE RD	63 STREET ADDRESS	
CITY-ST-ZIP	SMITHVILLE OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven L. Garboden — Steven L. Garboden — 2/21/95 — 219-533-9511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0074305