2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90090 005 ****61.25

DOCUMENT # 858454

1. Entity Name

MENNONITE MUTUAL AID ASSOCIATION COMPANY

C0008896

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 N. MAIN ST. ~~P.O. BOX 489~~ GOSHEN IN ~~46527~~ US	1110 N. MAIN ST. P.O. BOX 483 GOSHEN IN 46527-0483 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 46528 / Country	Zip / Country

4. FEI Number 35-6059333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRENNEMAN, HOWARD 720 FOXBRIAR GOSHEN IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 46526
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV GARBODEN, STEVEN 701 REVERE DR. GOSHEN IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 46526
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOMMERS, KARL 850 S. INDIANA AVE GOSHEN IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 850 Walden Lane 46526
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDER, BRUCE 2555 NE 28TH PORTLAND OR 97212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, ORPHA ROUTE 2, BOX 159 BELLEVILLE PA 17004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martin, Ruth E.H. 12 Deer Ford Drive Lancaster, PA 17601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIMER, RICHARD 5760 FOX LAKE RD SMITHVILLE OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 44677

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED Steven L. Garboden, Treasurer 1-13-00 219-533-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #