2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 858454

Entity Name: MENNONITE MUTUAL AID ASSOCIATION COMPANY

Current Principal Place of Business:

1110 N. MAIN ST.
GOSHEN, IN 46528 US

New Principal Place of Business:

Current Mailing Address:

1110 N. MAIN ST.
P.O. BOX 483
GOSHEN, IN 46527 US

New Mailing Address:

P.O. BOX 483
GOSHEN, IN 46527 US

FEI Number: 35-6059333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: GARBODEN, STEVEN,
Address: 701 REVERE DR.
City-St-Zip: GOSHEN, IN 46526

Title: S ( ) Delete
Name: SOMMERS, KARL,
Address: 850 WALDEN LN
City-St-Zip: GOSHEN, IN 46526

Title: D ( ) Delete
Name: FABER, DAVID
Address: 110 SOUTH WILSON
City-St-Zip: HILLSBORO, KS 67063

Title: D ( ) Delete
Name: QUIRING, PAUL
Address: 5118 E CLINTON WY, STE 201
City-St-Zip: FRESNO, CA 93727

Title: D ( ) Delete
Name: DUERKSEN, CAROL L
Address: 325 140TH ROAD
City-St-Zip: HILLSBORO, KS 67063

Title: P (X) Delete
Name: MILLER, LARRY D
Address: 1823 KENTFIELD WAY
City-St-Zip: GOSHEN, IN 46526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, LARRY D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: VP (X) Change ( ) Addition
Name: GARBODEN, STEVE
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: S (X) Change ( ) Addition
Name: SOMMERS, KARL C
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: T (X) Change ( ) Addition
Name: LIECHTY, JOHN L
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: D (X) Change ( ) Addition
Name: YODER, ARLAN R
Address: 112 PARK ROAD
City-St-Zip: HESSTON, KS 67062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL C. SOMMERS S 01/08/2008

Electronic Signature of Signing Officer or Director — Date