

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000432

FILED
Apr 27, 2012
Secretary of State

Entity Name: MONARCH MANAGEMENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1240 SW OAKLEY AVE.
TOPEKA, KS 66604

New Principal Place of Business:

Current Mailing Address:

1240 SW OAKLEY AVE.
TOPEKA, KS 66604

New Mailing Address:

FEI Number: 20-4797420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: DC
Name: MASTERS, KENNETH R
Address: 681 S PARKER STREET, SUITE 300
City-St-Zip: ORANGE, CA 92868

Title: P
Name: NORDSTROM, MARK E
Address: 1240 SW OAKLEY AVE
City-St-Zip: TOPEKA, KS

Title: EVP
Name: WITTWER, ANTHONY L
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING JR BLVD#400
City-St-Zip: TAMPA, FL 33607

Title: V
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: PORTO, RACHEL
Address: 30A VREELAND RD
City-St-Zip: FLORHAM PARK, NJ 07932

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREL L GRAMMIG

VS

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date