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

VICE PRESIDENT

SIGNATURE: MARY JEN PALMER

Electronic Signature of Signing Officer/Director Detail

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004769

Entity Name: MAYFLOWER WOLLAM INSURANCE GROUP, INC.

Current Principal Place of Business:

253 S. SALEM-WARREN RD NORTH JACKSON, OH 44451

Current Mailing Address:

PO BOX 248 NORTH JACKSON, OH 44451 US

FEI Number: 34-0963772

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

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

Officer/Director Detail :

Title	Ρ	Title	V	
Name	PALMER, JOHN E	Name	PALMER, MARY J	
Address	253 S. SALEM WARREN RD	Address	253 S. SALEM-WARREN RD	
City-State-Zip:	NORTH JACKSON OH 44451	City-State-Zip:	NORTH JACKSON OH 44451	

Certificate of Status Desired: No

FILED Apr 09, 2019 Secretary of State 2503097459CC

Date

04/09/2019 Date