#### 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. 04/12/2017

VICE PRESIDENT

SIGNATURE: MARY JEN PALMER

Electronic Signature of Signing Officer/Director Detail

Entity Name: MAYFLOWER WOLLAM INSURANCE GROUP, INC.

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **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	Р	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 12, 2017 Secretary of State CC9882731979

Date

Date