

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000432

**Entity Name:** MONARCH MANAGEMENT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1240 S.W. OAKLEY AVENUE  
TOPEKA, KS 66604-1637

**Current Mailing Address:**

1240 S.W. OAKLEY AVENUE  
TOPEKA, KS 66604-1637 US

**FEI Number:** 20-4797420

**Certificate of Status Desired:** No

**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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUVAL, TOMMY K.  
Address        102 ASMA BOULEVARD, SUITE 300  
City-State-Zip: LAFAYETTE LA 70508

Title            SECRETARY  
Name            LLOYD, ROBERT W.  
Address        220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title            TREASURER  
Name            SANDERS, MICHELE  
Address        2800 N. CENTRAL AVENUE  
                  SUITE 1600  
City-State-Zip: PHOENIX AZ 85004

Title            VICE PRESIDENT & ASSISTANT  
                  SECRETARY  
Name            ROBINSON, ANTHONY  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR  
Name            LYDECKER, CHARLES H.  
Address        220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** ANTHONY ROBINSON

**VICE PRESIDENT &  
ASSISTANT SECRETARY**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date