

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 035 ***150.00

DOCUMENT # 812897

1. Entity Name
BROTHERHOOD "MUTUAL" INSURANCE COMPANY



Principal Place of Business
**6400 BROTHERHOOD WAY
FT. WAYNE, IN 46825**

Mailing Address
**PO BOX 2227
FORT WAYNE, IN 46801-2227**

50019229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-P

CR2E034 (10/03)

4. FEI Number

35-0198580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BLUM, JAMES A
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

TITLE S ☐ Delete
NAME ALLISON, MICHAEL J
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

TITLE V. ☐ Delete
NAME FIGGINS, SCOTT A
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

TITLE V ☐ Delete
NAME PANNABECKER, DARYL G
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

TITLE VT ☐ Delete
NAME ROBISON, MARK A
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

TITLE V ☐ Delete
NAME ROZEMA, THOMAS
STREET ADDRESS 6400 BROTHERHOOD WAY
CITY-ST-ZIP FT. WAYNE, IN 46825

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☒ Change ☐ Addition
NAME Allison, Michael J.
STREET ADDRESS 6400 Brotherhood Way
CITY-ST-ZIP Fort Wayne, IN 46825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Vice President & Treasurer

2/18/05

(260) 481-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #