

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED

06 APR 13 AM 8:37



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

35-0198580

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior VP & Treasurer

03/27/06

Date

(260) 481-9944

Daytime Phone #