

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18419 (2)

1. Corporation Name

MMA INSURANCE COMPANY



Principal Place of Business

1110 NORTH MAIN STREET  
BOX 483  
GOSHEN IN 46526/  
US

Mailing Address

1110 NORTH MAIN STREET  
BOX 483  
GOSHEN IN 46526/  
US

3. Date Incorporated or Qualified  
03/14/1988

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 46527

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 46527

Country

30

4. FEI Number  
35-1698689

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
BRENNEMAN, HOWARD  
STREET ADDRESS  
720 FOXBRIAR  
CITY-ST-ZIP  
GOSHEN IN

TITLE ☐ DELETE

NAME  
GARBODEN, STEVE  
STREET ADDRESS  
701 REVERE DR.  
CITY-ST-ZIP  
GOSHEN IN

TITLE ☐ DELETE

NAME  
SOMMERS, KARL  
STREET ADDRESS  
850 SOUTH INDIANA  
CITY-ST-ZIP  
GOSHEN IN

TITLE ☐ DELETE

NAME  
MILLER, J B  
STREET ADDRESS  
1601 S 8TH ST  
CITY-ST-ZIP  
GOSHEN IN

TITLE ☐ DELETE

NAME  
BRUBAKER, BERYL  
STREET ADDRESS  
965 BROADVIEW DR  
CITY-ST-ZIP  
HARRISONBURG VA

TITLE ☐ DELETE

NAME  
REIMER, RICHARD  
STREET ADDRESS  
5760 FOX LAKE RD  
CITY-ST-ZIP  
SMITHVILLE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

*Steven L. Garboden*

Steven L. Garboden

2/21/96

219-533-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)