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Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18419

(2)

1. Corporation Name  
MMA INSURANCE COMPANY

Principal Place of Business

1110 NORTH MAIN STREET  
BOX 483  
GOSHEN IN 46527  
US

Mailing Address

1110 NORTH MAIN STREET  
BOX 483  
GOSHEN IN 46527  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1988

4. FEI Number

35-1698689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 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 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:

 SIGNATURE REQUIRED Steven L. Garboden

1-5-98

219-533-9511

CR2E034 (10/97)