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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90014 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18419

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 City & State

City & State

28 City & State

Zip

Country

24 **25**

Zip

Country

29 **30**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
BRENNEMAN, HOWARD
720 FOXBRIAR
GOSHEN IN**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TV
GARBODEN, STEVE
701 REVERE DR.
GOSHEN IN**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
SOMMERS, KARL
850 SOUTH INDIANA
GOSHEN IN**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HARDER, BRUCE
2555 NE 28TH
PORTLAND OR 97212**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
KING, ORPHA
ROUTE 2 BOX 159
BELLEVILLE PA 17004**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
REIMER, RICHARD
5760 FOX LAKE RD
SMITHVILLE OH**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Steven L. Garboden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Garboden, Treasurer 2-18-99 219-533-9511

Date

Daytime Phone #

CR2E034 (1/1/98)