

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18419

1. Entity Name

MMA INSURANCE COMPANY

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90130 036 ***150.00

Principal Place of Business

1110 NORTH MAIN STREET
BOX 483 --
GOSHEN IN 46527-0483
US

Mailing Address

1110 NORTH MAIN STREET
BOX 483
GOSHEN IN 46527-0483
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1698689**

Applied For
Not Applicable

Zip **46528**

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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **BRENNEMAN, HOWARD**
STREET ADDRESS **720 FOXBRIAR**
CITY-ST-ZIP **GOSHEN IN 46526**

TITLE ☐ Delete
NAME **GARBODEN, STEVE**
STREET ADDRESS **701 REVERE DR.**
CITY-ST-ZIP **GOSHEN IN 46526**

TITLE ☐ Delete
NAME **SOMMERS, KARL**
STREET ADDRESS **850 SOUTH INDIANA**
CITY-ST-ZIP **GOSHEN IN 46526**

TITLE ☐ Delete
NAME **HARDER, BRUCE**
STREET ADDRESS **2555 NE 28TH**
CITY-ST-ZIP **PORTLAND OR 97212**

TITLE ☒ Delete
NAME **KING, ORPHA**
STREET ADDRESS **ROUTE 2 BOX 159**
CITY-ST-ZIP **BELLEVILLE PA 17004**

TITLE ☐ Delete
NAME **REIMER, RICHARD**
STREET ADDRESS **5760 FOX LAKE RD**
CITY-ST-ZIP **SMITHVILLE OH 44677**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **46526**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **46526**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **850 Walden Lane**
CITY-ST-ZIP **46526**

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

TITLE ☐ Change ☒ Addition
NAME **D Martin, Ruth E.H.**
STREET ADDRESS **12 Deer Ford Drive**
CITY-ST-ZIP **Lancaster, PA 17601**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **44677**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L Garboden, Treasurer 1-13-00 219-533-9511

Date

Daytime Phone #