

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90258 004 ***150.00

DOCUMENT # P18419

1. Entity Name

MMA INSURANCE COMPANY

Principal Place of Business

**1110 NORTH MAIN STREET
GOSHEN IN 46528
US**

Mailing Address

**1110 NORTH MAIN STREET
GOSHEN IN 46528
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1698689**

Applied For

Not Applicable

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SOMMERS, KARL**
CITY-ST-ZIP **850 WALDEN LN
GOSHEN IN 46526**

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

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MARTIN, RUTH E**
CITY-ST-ZIP **12 DEER FORD DR
LANCASTER PA 17601**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Schmidt, Donald L**
CITY-ST-ZIP **715 Country Club Drive
Newton, KS 67114**

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

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:

Steven L Garboden

Steven L Garboden, Vice President 1-15-01 219-533-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)