

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18419

Entity Name: MMA INSURANCE COMPANY

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

1110 NORTH MAIN STREET
GOSHEN, IN 46528 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 483
GOSHEN, IN 46527 US

New Mailing Address:

FEI Number: 35-1698689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, LARRY D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: VP () Delete
Name: GARBODEN, STEVE
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: S () Delete
Name: SOMMERS, KARL C
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: T () Delete
Name: LIECHTY, JOHN L
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: D () Delete
Name: YODER, ARLAN R
Address: 112 PARK ROAD
City-St-Zip: HESSTON, KS 67062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DILLER, ROD D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: S (X) Change () Addition
Name: ALVAREZ, JAIME E
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: T (X) Change () Addition
Name: CLAASSEN, MELVIN
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: D (X) Change () Addition
Name: YUTZY, LAVERN
Address: 219 AUDREY DRIVE
City-St-Zip: LITITZ, PA 17543

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. BROCK

ASST

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date