

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18419

FILED
Jan 08, 2010
Secretary of State

Entity Name: MMA INSURANCE COMPANY

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
Name: MILLER, LARRY D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: VP
Name: DILLER, ROD D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: S
Name: ALVAREZ, JAIME E
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: T
Name: CLAASSEN, MELVIN
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: D
Name: GAUTSCHE, DAVID
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

I hereby 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 all other like empowered.

SIGNATURE: JAIME E. ALVAREZ

S

01/08/2010

Electronic Signature of Signing Officer or Director

Date