

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90510 044 \*\*\*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**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

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

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

**TITLE** **D** ☐ Delete  
**NAME** **BURKLEY, JOHN**  
**STREET ADDRESS** **2577 "O" STREET**  
**CITY-ST-ZIP** **MILFORD NE 68405**

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

**TITLE** **D** ☐ Delete  
**NAME** **BUERKSEN, CAROL L**  
**STREET ADDRESS** **325 140TH RD**  
**CITY-ST-ZIP** **HILLSBORO KS 67063**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Signature of Steven Garboden*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Steven Garboden, Vice President**

**1-13-03 574-533-9511**

Date

Daytime Phone #

CR2E034 (10/02)