

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18419

Entity Name: EVERENCE INSURANCE COMPANY**Current Principal Place of Business:**1110 NORTH MAIN STREET
GOSHEN, IN 46528**Current Mailing Address:**PO BOX 483
GOSHEN, IN 46527 US**FEI Number:** 35-1698689**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, CHAIRMAN
Name HOCHSTETLER, KENNETH D
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

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

Title DIRECTOR, ASST. SECRETARY
Name HORNING, CHAD M
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title ASST. VICE PRESIDENT
Name MILLER, BRIAN
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title SECRETARY
Name KUBICKI, BRIAN M.
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title TREASURER, DIRECTOR
Name GINGERICH, FREDRICK J.
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title DIRECTOR, VP
Name REX, HOCHSTEDLER A.
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title ASST. SECRETARY
Name GLICK MILLER, KATHERINE
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527-0483

Continues on page 2

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: BRIAN M. KUBICKI**SECRETARY****04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name SHENK, AARON M.
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527-0483

Title ASST. TREASURER
Name MARTIN, JOHN
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527-0483