

2020 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 P
Name HOCHSTETLER, KENNETH D
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

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

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

Title T
Name MERRYMAN, GEORGE
Address PO BOX 483
City-State-Zip: GOSHEN IN 46527

Title DIRECTOR
Name HORNING, CHAD M
Address PO BOX 483
City-State-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 ALVAREZ**SECRETARY****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date