

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000003155

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER, PA 176021150

**New Principal Place of Business:**

**Current Mailing Address:**

2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER, PA 176021150

**New Mailing Address:**

FEI Number: 23-2717962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGREADY, MARILYN A  
2613 S.E. 19TH CT.  
SUITE 200  
HOMESTEAD, FL 33035 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEAMAN, PHILIP B  
Address: 109 SKYLINE DRIVE  
City-St-Zip: NEW HOLLAND, PA 17557

Title: S ( ) Delete  
Name: STOESZ, EDGAR  
Address: 929 BROAD ST.  
City-St-Zip: AKRON, PA 17501

Title: D ( ) Delete  
Name: ROSENBERGER, HENRY  
Address: RT. 113, BOX 86  
City-St-Zip: BLOOMING GLEN, PA 18911

Title: T ( ) Delete  
Name: WITTER, PAUL E  
Address: 214 RT. 152  
City-St-Zip: PERKASIE, PA 18944

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP B. LEAMAN

P

04/24/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date