



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001715921

**2. Name of Corporation** MJ Insurance, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 571 MONON BOULEVARD  
SUITE 400

City or Town: CARMEL State: IN Zip: 46032 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: IN

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

INSURANCE AGENCY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JON E. LOFTIN	10098 BROOKS EDGE CIRCLE FORTVILLE, IN 46040 USA
TREASURER, VICE PRESIDENT, SECRETARY	BRIAN P. FRIEND	571 MONON BLVD, SUITE 400 CARMEL, IN 46032 USA
DIRECTOR	MICHAEL H. BILL	571 MONON BOULEVARD, STE 400 CARMEL, IN 46032 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.1000	1,000.00	1000
CWP		\$0.1000	9,000.00	9471

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 29 Day of April, 2024 at 11:10:23 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BRIAN P. FRIEND  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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