## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 856567** 

FILED Apr 23, 2007 Secretary of State

Entity Name: FORT WAYNE INTERMEDIARIES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FORT WAYNE, IN 46804 US				1700 MAGNAVOX WAY FORT WAYNE, IN 46804 US		
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
P.O. BOX 7808 FORT WAYNE, IN 468017808 US			1700 MAGNAVOX WAY FORT WAYNE, IN 46804 US			
FEI Number:	35-1547628	FEI Number Applied For()	FEI Number Not App	licable ( ) C	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLA ON, FL 33324	ND RD.				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	its registered offic	ce or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOD ( WILSON, W. W 175 KING STR ARMONK, NY	EET	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	SVCF ( ECKERT, RAYI 175 KING STR ARMONK, NY	EET	Title: Name: Address: City-St-Zip:	SVPD (X) C ECKERT, RAYMO 175 KING STREE ARMONK, NY 10	Т	
Title: Name: Address: City-St-Zip:	S ( ) HARRIGAN, PA 175 KING STR ARMONK, NY	EET	Title: Name: Address: City-St-Zip:	S (X) C THOMPSON, ANN 5200 METCALF A OVERLAND PARK	VENUE	
Title: Name: Address: City-St-Zip:	AS ( LEMON, MARK 1700 MAGNAV FORT WAYNE,	OX WAY	Title: Name: Address: City-St-Zip:	AS (X) C ASHBRIDGE, MAR 1700 MAGNAVOX FORT WAYNE, IN	WAY	
Title:	PD (	) Delete	Title:	SVPD (X) C	hange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

ARNOLD, NEAL E

WYATT, ROBYN A

175 KING STREET

ARMONK, NY 10504

VCFO

1700 MAGNAVOX WAY

FORT WAYNE, IN 46804

(X) Change ( ) Addition

SIGNATURE: MARGARET ASHBRIDGE AS 04/23/2007

ARNOLD, NEAL E

ARNOLD, NEAL E

1700 MAGNAVOX WY

FORT WAYNE, IN 46804

SVPD

1700 MAGNAVOX WAY

FORT WAYNE, IN 46804

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: