FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000485 (3)

1. Corporation Name
UNDERWRITERS AND ADMINISTRATORS, INCORPORATED

Principal Place of Business:
POST OFFICE BOX 6250
HARRISBURG PA 17112

Mailing Address:
POST OFFICE BOX 6250
HARRISBURG PA 17112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 25-1316825 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	GOLIN, STANFORD F
STREET ADDRESS	3407 CANBY ST.
CITY-ST-ZIP	HARRISBURG PA 17109
TITLE	D
NAME	BOTTEICHER, WILLIAM
STREET ADDRESS	509 MAPLE ST.
CITY-ST-ZIP	SOUTH FORK PA 15956
TITLE	V
NAME	POWANDA, MICHAEL
STREET ADDRESS	521 GARFIELD AVE
CITY-ST-ZIP	FRACKVILLE PA
TITLE	SDT
NAME	GOLIN, GREGORY L
STREET ADDRESS	4235 SUSSEX DR. #44
CITY-ST-ZIP	HARRISBURG PA
TITLE	D
NAME	GOLIN, IRENE
STREET ADDRESS	3407 CANBY STREET
CITY-ST-ZIP	HARRISBURG PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/C	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/S/D	[X] Change [ ] Addition
NAME	HOELLMAN JR., JAMES J.	
STREET ADDRESS	6 SNA LANE	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	[X] Change [ ] Addition
NAME	FENNESSY, SALLIANNE	
STREET ADDRESS	624 GATES LANE	
CITY-ST-ZIP	ENOLA, PA 17025	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or is attached with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREG L. GOLIN, PRESIDENT

Date: 04/25/95
Telephone: (717) 652-8040

0485190 FN