

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

pg 1 of 3

97 MAY 28 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003840 (6)

1. Corporation Name

THE FINANCIAL RESOURCES DEPARTMENT, INC.

Principal Place of Business

1300 SOUTH CLINTON STREET  
P.O. BOX 1110  
FT. WAYNE IN 46802  
US

Mailing Address

3811 ILLINOIS ROAD  
SUITE 212  
FORT WAYNE IN 46804-1217  
US

c/o First Penn-Pacific Life

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

Insurance Company

26 1801 South Meyers Road

Suite, Apt. #, etc.

27 City & State

28 Oakbrook Terrace, IL

Zip

29 60181

Country

30 USA

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

04/15/1996

4. FEI Number

38-3034551

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO  
NAME KINZIE, KEVIN  
STREET ADDRESS 12900 WHITEWATER DR.  
CITY-ST-ZIP MINNETONKA MN

☒ DELETE

TITLE S  
NAME WOMACK, C. SUZANNE  
STREET ADDRESS 1300 SOUTH CLINTON STREET  
CITY-ST-ZIP FORT WAYNE IN 46801

☐ DELETE

TITLE D  
NAME HARTMAN, PHILLIP  
STREET ADDRESS 1300 SOUTH CLINTON ST.  
CITY-ST-ZIP FORT WAYNE IN

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO  
1.2 NAME Thomas W. Fitch  
1.3 STREET ADDRESS 1801 South Meyers Road  
1.4 CITY-ST-ZIP Oakbrook Terrace, IL 60181

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME List Attached  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME 600002193256--5  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Fitch

May 22, 1997

Date

Daytime Phone: 9

0479761

CR2E034 (9/96)

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The Financial Resources Department, Inc.  
157 South Kalamazoo Mall Plaza #400  
Kalamazoo, MI 49007  
38-3034551

All Mail: Tax Dept., PO Box 7842, Fort Wayne IN 46801

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chief Executive Officer and President Thomas W. Fitch 228-58-8482	1801 S Meyers Rd Oakbrook Terrace IL 60181	1145 Johnson Dr Naperville IL 60540
Assistant Treasurer Steven W. Rogers 335-50-8525	1801 S Meyers Rd Oakbrook Terrace IL 60181	1055 E Williams Dr Palatine IL 60067
Vice President & Treasurer Janet C. Whitney 303-54-5250	1300 S Clinton St Fort Wayne IN 46802	10002 Crown Point Dr Fort Wayne IN 46804
Secretary C. Suzanne Womack 307-52-8679	1300 S Clinton St Fort Wayne IN 46802	5501 Chiswell Run Fort Wayne IN 46835
Assistant Secretary Renee L. Beeks 309-70-8329	1300 S Clinton St Fort Wayne IN 46802	2165 N 450 E Columbia City IN 46725
Assistant Secretary Gloria J. Cox 363-60-2317	1300 S Clinton St Fort Wayne IN 46802	6427 Spy Glass Run Fort Wayne IN 46804
Assistant Secretary James N. Westafer 314-50-1805	1300 S Clinton St Fort Wayne IN 46802	9381 White Hill Ct Fort Wayne IN 46804

Directors

Joseph J. Neuberger 473-76-7451	12900 Whitewater Dr Minnetonka MN 55343	5025 Bruce Pl Edina MN 55424
Thomas W. Fitch 228-58-8482	1801 S Meyers Rd Oakbrook Terrace IL 60181	1145 Johnson Dr Naperville IL 60540

All terms are indefinite  
12/96



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ACCOUNT NO. : 072100000032

REFERENCE : 405108 4319775

AUTHORIZATION

COST LIMIT : \$ 550.00

*Patricia Pigut*

ORDER DATE : May 27, 1997

ORDER TIME : 9:41 AM

ORDER NO. : 405108-025

CUSTOMER NO: 4319775

CUSTOMER: Ms. Mary Lung  
Lincoln National Corporation  
220 East Berry Street

Fort Wayne, IN 46802

ANNUAL REPORT FILING

NAME: THE FINANCIAL RESOURCES  
DEPARTMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: STEPHANIE STSCHERBAN

EXAMINER'S INITIALS:

*A. Alan*  
*5/28/97*

RECEIVED  
97 MAY 28 AM 10:35  
DIVISION OF CORPORATION