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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000522 (2)

1. Corporation Name

LINSICO REINSURANCE COMPANY



Principal Place of Business

500 N. MERIDIAN ST
INDIANAPOLIS IN 46204

Mailing Address

500 N. MERIDIAN ST
INDIANAPOLIS IN 46204

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDGEWELL, JAMES E
% AMERICAN STATES INSURANCE CO.
2201 LUCIEN WAY
MAITLAND FL 32751

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 blind if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D ANKER, ROBERT A
STREET ADDRESS
1300 S. CLINTON ST
CITY-ST-ZIP
FORT WAYNE IN

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D GALLOGLY, JEROME T
STREET ADDRESS
500 N. MERIDIAN ST
CITY-ST-ZIP
INDIANAPOLIS IN

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PD MCCURLEY, F. CEDRIC
STREET ADDRESS
500 N. MERIDIAN ST
CITY-ST-ZIP
INDIANAPOLIS IN

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
V ROESLER, MAX A
STREET ADDRESS
1300 S. CLINTON ST
CITY-ST-ZIP
FORT WAYNE IN

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
S OBER, THOMAS M
STREET ADDRESS
500 N. MERIDIAN ST
CITY-ST-ZIP
INDIANAPOLIS IN

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
T BARTHEL, F. ERNEST
STREET ADDRESS
500 N. MERIDIAN ST
CITY-ST-ZIP
INDIANAPOLIS IN

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T STEPHENSON, TODD R.
8924 STORMHAVEN COURT
INDIANAPOLIS, IN 46256

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)(k), 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 M. OBER, SECRETARY 1/18/96 (317) 262-6797

Date

Daytime Phone #

CR2E034 (12/95)