

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Pg 1 of 3

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002837 (1)**

1. Corporation Name

UNDERWRITERS & MANAGEMENT SERVICES, INC.



Principal Place of Business: **3600 WOODVIEW TRACE, SUITE 301 INDIANAPOLIS IN 46268**
Mailing Address: **3600 WOODVIEW TRACE, SUITE 301 INDIANAPOLIS IN 46268**

3. Date Incorporated or Qualified: **06/12/1995**
3a. Date of Last Report
4. FEI Number: **35-1571900**
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
**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEOC <input type="checkbox"/> DELETE
NAME	SHAHEEN, GABRIEL L
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	COOV <input type="checkbox"/> DELETE
NAME	WALLACE, ANN
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	DV <input type="checkbox"/> DELETE
NAME	HOREIN, JAMES R
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	DV <input type="checkbox"/> DELETE
NAME	TYLER, WILLIAM K
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	DV <input type="checkbox"/> DELETE
NAME	ALFORD, TIMOTHY J
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	PD <input type="checkbox"/> DELETE
NAME	ELLSWORTH, DAVID K
STREET ADDRESS	3600 WOODVIEW TRACE, SUITE 301
CITY-ST-ZIP	INDIANAPOLIS IN 46268

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **4-17-96** (219) 455-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

Underwriters & Management Services, Inc.
3600 Woodview Trace
Suite 301
Indianapolis, Indiana 46268
35-1571900

Pg 2 of 3
284

All Mail: 1700 Magnavox Way; P.O. Box 7808; Fort Wayne, IN 46801-7808

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman and CEO Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2101 Sycamore Hills Drive Fort Wayne, IN 46804
Vice President and COO Ann Wallace 154-46-6572	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	9223 Timberline Court Fort Wayne, IN 46804
President David K. Ellsworth 374-42-8682	3600 Woodview Trace Suite 301 Indianapolis, IN 46268	10989 Windjammer Court Indianapolis, IN
Senior Vice President James R. Horein 306-32-2881	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2805 Fox Chase Run Fort Wayne, IN 46825
Senior Vice President and Assistant Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Vice President and General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804
Vice President and Treasurer Janet C. Whitney 303-54-5250	1300 S. Clinton Street Fort Wayne, IN 46801	10002-Crown Point Drive Fort Wayne, IN 46804

3 of 4

Vice President
Timothy J. Alford
315-50-4388

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

6622 Sweetbrier Drive
Fort Wayne, IN 46804

Secretary
C. Suzanne Womack
307-52-8679

200 East Berry Street
Fort Wayne, IN 46801

5501 Chiswell Run
Fort Wayne, IN 46835

Assistant Secretary
Mark D. Lemon
313-82-4245

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

824 Autumn Ridge Lane
Fort Wayne, IN 46804

Assistant Secretary and
Assistant Treasurer
Douglas N. Miller
310-72-8023

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

5607 Marty's Hill Place
Fort Wayne, IN 46815

Assistant Secretary
Thomas L. Spurling
314-58-3898

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

3615 Mayapple Drive
Fort Wayne, IN 46818

Directors

James R. Horein
306-32-2881

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

2805 Fox Chase Run
Fort Wayne, IN 46825

Gabriel L. Shaheen
305-60-4979

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1700 Magnavox Way
Fort Wayne, IN 46804

2101 Sycamore Hills Drive
Fort Wayne, IN 46804

William K. Tyler
337-36-5795

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Fort Wayne, IN 46815

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315-50-4388

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Fort Wayne, IN 46804

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Fort Wayne, IN 46804

Ann Wallace
154-46-6572

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Fort Wayne, IN 46804

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Fort Wayne, IN 46804

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10989 Windjammer Court
Indianapolis, IN

**& UNDERWRITERS
& MANAGEMENT**
SERVICES, INC.

*pg 5 of 8
4 of 4*

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FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS SECTION
DIVISION OF CORPORATIONS
PO BOX 13900
TALLAHASSEE, FL 32317

APRIL 17, 1996

CHECK NUMBER
A 05656121

IN PAYMENT OF:

\$200.00

1996 ANNUAL REPORT - FL - U&MS

NET PAYMENT

200.00