FILE NOW: F	ILING FEE.	AFTER MAY	1 IS S	\$225.00
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PROFIT CORPORATION ANNUAL REPORT



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

3600 WOODVIEW TRACE, SUITE 301

1996 DOCUMENT #
1. Corporation Name

Principal Place of Business

3600 WOODVIEW TRACE, SUITE 301

F95000002837 (1)

UNDERWRITERS & MANAGEMENT SERVICES, INC.

DIANAPOLIS IN 46268 INDIANAPOLIS IN 46268								
					3. Date Incorporated or Qualified 06/12/1995	3a. Date of I	ast Re	port
ce of Business	2a. Mailing Address				4. FEI Number		T	pplied For
	26				35-1571900		N	lot Applicable
, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	□ \$		Additional lequired
	City & State	• •			6. Election Campaign Financing	- :	\$5.00	May Be
	28				Trust Fund Contribution		,	to Fees
Country	Zip		ountry		8. This corporation has liability for it	ntangible tax un	der s	199.032,
25	29	30			Florida Statutes	□ No		
9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered Age	nt	
			81	Name				
ENTICE-HALL CORPORATION	SYSTEM, INC.		82	Stroot Addi	ass (P.O. Box Number is Not Acceptable	e)		
1201 HAYS STREET			-	OD BOOK MOCH	bas (Fic. Box Harrison o Horr Rooptable	υ ,		
05			83					
ASSEE FL 32301								
			84	City		₽ ι 8	5 Zip	Code
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					ADDITIONS/CHANGES TO OFFI			Addition
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	E 1700 MAGNAVOY WAY	,						
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אל אלווע און אוויאיז אין				ST - ZIP		F-1 A		[7] Addition
	Country 25 9. Name and Address of Curr ENTICE-HALL CORPORATION AYS STREET 105 ASSEE FL 32301 De the provisions of Sections 607.05 ad agent, or both, in the State of Fider, and accept the obligations of, Sections 607.05 Signature, typed or prints 3 rame of registered as OFFICERS A CEOC SHAHEEN, GABRIEL L ONE REINSURANCE PLACE FORT WAYNE IN 46804 DV HOREIN, JAMES R ONE REINSURANCE PLACE FORT WAYNE IN 46804 DV HOREIN, JAMES R ONE REINSURANCE PLACE FORT WAYNE IN 46804	Ce of Business 28. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Country 25. 29. Name and Address of Current Registered Agent ENTICE-HALL CORPORATION SYSTEM, INC. AYS STREET 305. ASSEE FL 32301 De the provisions of Sections 607.0502 and 607.1508, Florida Statute and agent, or both, in the State of Florida. Such change was author, and accept the obligations of, Section 607.0505, Florida Statute Signature, typod or privo 3 name of negatived agent and life if applicable OFFICERS AND DIRECTORS CEOC SHAHEEN, GABRIEL L ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 DV DELETE HOREIN, JAMES R ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 DV DELETE ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804	28. Mailing Address 26 7, etc. Suite, Apt. #, etc. City & State 28 Country 25 29 9. Name and Address of Current Registered Agent ENTICE-HALL CORPORATION SYSTEM, INC. AYS STREET 105 ASSEE FL 32301 Determine the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the at ad agent, or both, in the State of Florida. Such change was authorized by the obligations of, Section 607.0505, Florida Statutes. Signature, typed or prives reame of registered agent and lifts if applicable OFFICERS AND DIRECTORS CEOC SHAHEEN, GABRIEL L ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 DV HOREIN, JAMES R ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 DV HOREIN, JAMES R ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 34	2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. Country 2b Zip Country 25 29 30 9. Name and Address of Current Registered Agent ENTICE-HALL CORPORATION SYSTEM, INC. AYS STREET 105 ASSEE FL 32301 but the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboverate agent, or both, in the State of Florida. Such change was authorized by the corpin, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or prints rame of registered agent and title if applicable OFFICERS AND DIRECTORS CEOC SHAHEEN, GABRIEL L ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 COOV DELETE 12 NAME 13 STREET 14 CITY-S 22 NAME 22 NAME 22 NAME 23 STREET 24 TITLE 25 TITLE 26 TITLE 26 TITLE 27 TITLE 28 TITLE 28 TITLE 29 TITLE 21 TITLE 21 TITLE 21 TITLE 21 TITLE 22 NAME 23 STREET 24 TITLE 25 TITLE 26 TITLE 27 TITLE 28 TITLE 28 TITLE 28 TITLE 29 TITLE 21 TITLE 21 TITLE 21 TITLE 21 TITLE 21 TITLE 22 NAME 23 STREET 24 TITLE 25 TITLE 26 TITLE 27 TITLE 27 TITLE 28 TITLE 29 TITLE 31 TITLE	28. Mailing Address 26 7, etc. City & State 28 Country 29 30 9. Name and Address of Current Registered Agent ENTICE-HALL CORPORATION SYSTEM, INC. AYS STREET 105 ASSEE FL 32301 Determine the obligations of, Section 607,0502 and 607,1508, Florida Statutes, the above-named corporated agent, or both, in the State of Florida. Such change was authorized by the corporation's board, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or perice a name of registered agent and title if applicable of the process of the obligations of Section 607,0505, Florida Statutes. Signature, typed or perice a name of registered agent and title if applicable of the obligations of Section 607,0505, Florida Statutes. CEOC SHAHEEN, GABRIEL L ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 COOV WALLACE, ANN ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY FORT WAYNE IN 46804 DV DELETE 3 STREET ADDRESS 24 CITY-ST-ZIP 3 STREET ADDRESS 24 CITY-ST-ZIP 3 STREET ADDRESS 24 CITY-ST-ZIP 3 STREET ADDRESS 3 STREET ADDR	3. Date Incorporated or Qualified 06/12/1995 2a. Mailing Address 25 35-1571900 5. Certificate of Status Desired 35-1571900 5. Certificate of Status Desired 35-1571900 5. Certificate of Status Desired 35-1571900 6. Election Campaign Financing Trust Fund Contribution 35-1571900 2b	3. Date Incorporated or Qualified Sa. Date of to Ob/12/1995 Sa. Date of Status Desired Sa. Date of Country Sa. This corporation of Status Desired Sa. Date of Country Sa. This corporation of Date of Trust Fund Contribution Sa. Date of Country Sa. This corporation is baselity for intengible tax or Florida Statutes Yes No. Name and Address of New Registered Age Sa. Date of Country Sa. Date of Cou	3. Date incorporated or Qualified 06/12/1995 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 3c. Date of Last Re 06/12/1995 2b. Capt State 2b. Capt Mailing Address 3c. Detailed Status Desired 3c. Date of Last Re 06/12/1995 2c. Suite, Apt. M. etc. 27 City & State 3c. Country 5c. Certificate of Status Desired 3c. Status 5c. Certificate of Status 5c.

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 clirector 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.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY - ST - ZIP

5 1 TITLE

52 NAME

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHTY - ST - ZIP

CI1Y - S1 - ZIP

THILE

NAME

TITLE

NAME

TYLER, WILLIAM K

DV

FORT WAYNE IN 46804

FORT WAYNE IN 46804

ELLSWORTH, DAVID K

INDIANAPOLIS IN 46268

3600 WOODVIEW TRACE, SUITE 301

ALFORD, TIMOTHY J

ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY

ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(219) 455-4535

Addition

■ Addition

Change

Pg 1013

Underwriters & Management Services, Inc.

3600 Woodview Trace Suite 301 Indianapolis, Indiana 46268 35-1571900 Pg 2053

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

Officers

<u>Name</u>	Business Address	Residence Address
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	

Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way	6622 Sweetbrier Drive 3 %
313-30-4388	Fort Wayne, IN 46804	Fort Wayne, IN 46804
Secretary		10004
C. Suzanne Womack	200 East Page Cine at	
307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run
	1 of wayne, 114 40001	Fort Wayne, IN 46835
Assistant Course		
Assistant Secretary Mark D. Lemon	One Reinsurance Place	
313-82-4245	1700 Magnavox Way	824 Autumn Ridge Lane
010-02-4240	Fort Wayne, IN 46804	Fort Wayne, IN 46804
* * * * * * * * * * * * * * * * * * *		
Assistant Secretary and		
Assistant Treasurer	One Reinsurance Place	
Douglas N. Miller 310-72-8023	1700 Magnavox Way	5607 Marty's Hill Place
010-72-8023	Fort Wayne, IN 46804	Fort Wayne, IN 46815
Assistant Secretary	One Reinsurance Place	•
Thomas L. Spurling	1700 Magnavox Way	3615 Mayapple Drive
314-58-3898	Fort Wayne, IN 46804	Fort Wayne, IN 46818
	<u>Directors</u>	
	One Reinsurance Place	
James R. Horein	1700 Magnavox Way	2805 Fox Chase Run
306-32-2881	Fort Wayne, IN 46804	Fort Weyno IN 46005
		Fort Wayne, IN 46825
Gabriel L. Shaheen	One Reinsurance Place	
305-60-4979	1700 Magnavox Way	2101 Sycamore Hills Drive
000-00-4979	Fort Wayne, IN 46804	Fort Wayne, IN 46804
a. a.	One Reinsurance Place	·
William K. Tyler	1700 Magnavox Way	2929 Buckhurst Run
337-36-5795	Fort Wayne, IN 46804	Fort Wayne, IN 46815
	One Reinsurance Place	•
Timothy J. Alford	1700 Magnavox Way	6600 0
315-50-4388	Fort Wayne, IN 46804	6622 Sweetbrier Drive
	110004	Fort Wayne, IN 46804
Ann Wallace	One Reinsurance Place	
	1700 Magnavox Way	9223 Timberline Court
154-46-6572	Fort Wayne, IN 46804	Fort Wayne, IN 46804
_	3600 Woodview Trace	
David K. Ellsworth	Suite 301	10080 Windiames October 1
374-42-8682	Indianapolis, IN 46268	10989 Windjammer Court Indianapolis, IN
		Miditapons, IIV

All terms are indefinite.

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UNDERWRITERS X MANAGEMENT

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

APRIL 17, 1996

CHECK NUMBER A 05656121

\$200.00

IN PAYMENT OF:

1996 ANNUAL REPORT - FL - U&MS

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NET PAYMENT

200.00