


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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002837 (1)
 1. Corporation Name
UNDERWRITERS & MANAGEMENT SERVICES, INC.



Principal Place of Business 3900 WOODVIEW TRACE, SUITE 301 INDIANAPOLIS IN 46268	Mailing Address 1700 MAGNAVOX WAY P.O. BOX 7808 FT. WAYNE IN 46801 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3 Date Incorporated or Qualified 06/12/1995	
4 FEI Number 35-1571900	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY T.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	VPCD	<input type="checkbox"/> DELETE
NAME	WALLACE, ANN	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	TYLER, WILLIAM K	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	ALFORD, TIMOTHY J	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLSWORTH, DAVID K	
STREET ADDRESS	3900 WOODVIEW TRACE, SUITE 301	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 _____

CR2E034 (10/97)

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

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 Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
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 Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Senior Vice President Brian Fehhaber 387-66-1324	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	9814 White Hill Court Fort Wayne, IN 46804
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	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court 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 Barbara Ann Collier 547-46-8606	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	4540-1 Kekionga Drive Fort Wayne, IN 46809