

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90192 004 \*\*\*150.00

DOCUMENT # F95000002837

1. Corporation Name

UNDERWRITERS & MANAGEMENT SERVICES, INC.

Principal Place of Business

3600 WOODVIEW TRACE, SUITE 301  
INDIANAPOLIS IN 46268

Mailing Address

1700 MAGNAVOX WAY  
P.O. BOX 7808  
FT. WAYNE IN 46801  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
ROWLAND, LAWRENCE T.  
1700 MAGNAVOX WAY T.  
FT. WAYNE IN

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

46804

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPCD  
WALLACE, ANN  
ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY  
FORT WAYNE IN

☐ DELETE

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

46804

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAT  
TYLER, WILLIAM K  
ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY  
FORT WAYNE IN

☐ DELETE

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

46804

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPD  
ALFORD, TIMOTHY J  
ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY  
FORT WAYNE IN

☐ DELETE

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

46804

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ELLSWORTH, DAVID K  
3600 WOODVIEW TRACE, SUITE 301  
INDIANAPOLIS IN 46268

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

Secretary  
Rose, Cynthia A.  
1300 S. Clinton Street  
Fort Wayne, IN 46801

☐ Change ☒ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(219) 455-4535

Daytime Phone #

CR2E034 (11/98)

**Underwriters & Management Services, Inc.**

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

535386-90192-4

F95000602837

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	11127 Bittersweet Dells Lane 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 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	7724 Inverness Glens Drive Fort Wayne, IN 46804
Vice President and Treasurer Janet Chrzan 303-54-5250	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court Fort Wayne, IN 46804
Secretary Cynthia A. Rose 311-64-8908	1300 South Clinton Street Fort Wayne, IN 46802	3380 West 1200 North Decatur, IN 46733
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

(See back for list of Directors)