

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

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000002837**

1. Corporation Name  
**UNDERWRITERS & MANAGEMENT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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**

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  **\$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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, LAWRENCE T.	1.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY T.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	1.4 CITY-ST-ZIP	46804
TITLE	VPCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ANN	2.2 NAME	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	2.4 CITY-ST-ZIP	46804
TITLE	VPAT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WILLIAM K	3.2 NAME	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	46804
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TIMOTHY J	4.2 NAME	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	46804
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSWORTH, DAVID K	5.2 NAME	
STREET ADDRESS	3600 WOODVIEW TRACE, SUITE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Rose, Cynthia A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1300 S. Clinton Street Fort Wayne, IN 46801

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: \_\_\_\_\_ **REQUIRED** 4-22-99 (219) 455-4535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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)