

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90146 050 ***150.00

DOCUMENT # F95000002837

1. Entity Name

**UNDERWRITERS/ & MANAGEMENT/SERVICES/ INC./
 LINCOLN RE RISK MANAGEMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

3600 WOODVIEW TRACE, SUITE 301
 INDIANAPOLIS IN 46268

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1571900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY T.	
CITY-ST-ZIP	FT. WAYNE IN 46804	
TITLE	MPD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, ANN	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN 46804	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	TYLER, WILLIAM K	
STREET ADDRESS	ONE REINSURANCE PLACE, 1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN 46804	
TITLE	SVPD	<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	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	1300 S CLINTON STREET	
CITY-ST-ZIP	FT WAYNE IN 46801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Mark D. Lemon, Assistant Secretary

4-7-00

Date

(219) 455-4535

Daytime Phone #

Lincoln Re Risk Management Services, Inc.
3600 Woodview Trace
Suite 301
Indianapolis, Indiana 46268
35-1571900

attach.
C0003951
#F9500002837

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
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 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 Edward B. Martin 303-58-2028	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2324 Sycamore Hills Drive Fort Wayne, IN 46814
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)