| DOCUMENT # F9500002837 1. Entity Name LINCOLN RE RISK MANAGEMENT SERVICES, INC. | | | | | | Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90086 022 ***150.00 | | | | |
|---|--|---|-----------------------|--|-----------------------|--|---|-----------------|---------------------------|----------------|
| Principal Plac | ce of Business | Mailing Address | | | | | | | | |
| 1600 WOODVIEW TRACE, SUITE 301 NDIANAPOLIS IN 46268 | | 1700 MAGNAVOX WAY P.O. BOX 7808 FT. WAYNE IN 46801 US | | | | 744279 | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRI | TE IN THIS S | PACE | | |
| City & State | | City & State | | 4 | I. FEI Number | 35-1571900 |) | | plied For t Applicable | |
| Zip | Country | Zip | Coun | try | | 5. Certificate o | f Status Desired | | 8.75 Add | itional |
| - | 6. Name and Address of Current R | egistered Agent | | | 7 | . Name and A | ddress of New F | legistered A | gent | |
| | | | | Name | | | | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | AHASSEE FL 32301 | | | | | | | | · | |
| 17122 | A DOCE I E GEOOT | | | City | | | | FL | Zip Code | • |
| Tax filing | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!! After MAY 1, 200 Make Check Payabl | ! FEE | S \$150 will be \$ | 550.00 nt of State | 10. Elect Trust | tion Campaign Fir t Fund Contributio | n. 🗆 | Added | May Be to Fees |
| 11. | OFFICERS AND D | | 12. | <u> </u> | · | ADDITIONS/C | HANGES TO OFF | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD ROWLAND, LAWRENCE T. 1700 MAGNAVOX WAY T. FT. WAYNE IN 46804 | ☐ Delete | | - 1 | | , | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCD/: WAULACE//ANN/: OME: REINSURANCE/PLACE,/1/700 POPT/WAYNE/IN/46804/: | Delete MAGNAVOX/WAY/- | | | One R | | W nce Place IN 46804 | | ∐ Change Magnavo | X Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | SVPT- TYLER, WILLIAM K ONE REINSURANCE PLACE, 1700 FORT WAYNE IN 46804 | MAGNAVOX WAY | nami Stre | 1 | | | • | | . Change | ☐ Addition . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD ALFORD, TIMOTHY J ONE REINSURANCE PLACE, 1700 FORT WAYNE IN 46804 | ☐ Delete | | 1 | | | | , | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | PO' PLESWORTH' DAVIDAY / | □ X Delete | TITLE NAME STRE | ì | | la, Pats Corporat | sy te Center | | □ Change Suite | X Addition |
| CITY-ST-ZIP | 3600 WOODXIEW/TRACE,/3UITE/3 INDIANAPOLIS IN 46268/ | . <u></u> | | ST-ZIP | | ., FL 3 | | | | |
| TITLE NAME Street address City-St-Zip | S ROSE, CYNTHIA A 1300 S CLINTON STREET FT WAYNE IN 46801 | ☐ Delete | | i | | | | | ☐ Change | Addition |
| indicated | certify that the information supplied with the on this report or supplemental report is to poration or the eccivator tystee empoyers. | rue and accurate and that m | v sianat | ure shall t | have the sam | ne legal effect a | as if made under o | oath: that I an | n an officer o | or director |

Mark D. Lemon, Asst. Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

Lincoln Re Risk Management Services, Inc. 3600 Woodview Trace

Suite 30,1

Indianapolis, Indiana 46268 35-1571900

All Mail: 1700 Magnavox Way; P.O. Box 7808; Fort Wayne, IN 46801-7808 F950000 2837

| 0 | ffi | CE | 31 | S |
|---|-----|----|----|---|
| | | | | |

| <u>Name</u> | Business Address | Residence Address |
|--|--|--|
| 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 & Assistant Treasurer Patsy Campola 124-40-9968 | 7300 Corporate Center Drive Suite 200 Miami, FL 33321 | 325 Coral Way Fort Lauderdale, FL 33301 |
| Senior Vice President Timothy J. Alford 315-50-4388 | One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804 | Fort Wayne, IN 46804 |
| Senior Vice President Michael W. Fry 311-72-8416 | One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804 | 11120 Bitter Dell Court Fort Wayne, IN 46814 |
| Sr. Vice President & 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 Michael L. Zurcher 314-50-6803 | One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804 | 2821 LaBalme Trail 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 | 14835 Harbourside Court Fort Wayne, IN 46814 |
| | <u>Directors</u> | |
| Timothy J. Alford 315-50-4388 | One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804 | 6622 Sweetbrier Drive Fort Wayne, IN 46804 |
| Patsy Campola 124-40-9968 | 7300 Corporate Center Drive Suite 200 Miami, FL 33321 | 325 Coral Way Fort Lauderdale, FL 33301 |