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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850850** (9)

1. Corporation Name
LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COMPANY

Principal Place of Business 1300 SOUTH CLINTON STREET, BOX 1110 BOX 7808 FT WAYNE IN 46801-1110 US	Mailing Address 1300 SOUTH CLINTON STREET, BOX 1110 BOX 7808 FT WAYNE IN 46801-1110 US
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3. Date Incorporated or Qualified 10/27/1981	3a. Date of Last Report 02/07/1994
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2. One Reinsurance Place 21. 1700 Magnavox Way Suite, Apt. #, etc.	2a. Mailing Address 26. P. O. Box 7808 Suite, Apt. #, etc.
22. City & State Fort Wayne, IN	27. City & State Fort Wayne, IN
24. Zip 46804	25. Country USA
29. Zip 46801-7808	30. Country USA

4. FEI Number 35-1495207	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent


81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 VT	ROESLER, MAX A 1300 S CLINTON ST FT WAYNE IN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	ROLLAND, IAN M. 1300 S CLINTON ST FT WAYNE IN	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	200 East Berry Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Fort Wayne, IN 46801
TITLE EVD	WEST, THOMAS M. 1300 S CLINTON ST FT WAYNE IN	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	President/Director
STREET ADDRESS		3.3 STREET ADDRESS	Shaheen, Gabriel L.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1700 Magnavox Way
TITLE D	ROBERTSON, RICHARD S. 1300 S CLINTON ST FT WAYNE IN	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200 East Berry Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Fort Wayne, IN 46801
TITLE	SEE ATTACHED LISTING	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  DATE: **4-26-95** (219) 455-4535
Signature typed and printed name of signing officer or director

Mark D. Lemon, Assistant Secretary

850850
Lincoln National Health & Casualty Insurance Company

**One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
35-1495207**

All Mail: P. O. Box 7808, Fort Wayne, IN 46801-7808

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
President Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1731 Hollow Creek Court Fort Wayne, IN 46804
Senior Vice President James R. Horein 306-32-2881	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2805 Fox Chase Run Fort Wayne, IN 46825
Senior Vice President 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 Treasurer Max A. Roesler 307-32-9533	1300 S. Clinton Street Fort Wayne, IN 46801	430 Spring Beach Drive Rome City, IN 46784
Secretary C. Suzanne Womack 307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run Fort Wayne, IN 46835
Assistant Secretary Mark D. Lemon 313-82-4245	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5511 Hoagland Avenue Fort Wayne, IN 46807
Assistant Secretary and Assistant Treasurer Douglas N. Miller 310-72-8023	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5607 Marty's Hill Place Fort Wayne, IN 46815