

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **850850 (9)**  
1. Corporation Name  
**LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COMPANY**



Principal Place of Business  
**1700 MAGNOVOX WAY  
BOX 7808  
FT. WAYNE IN 46804  
US**

Mailing Address  
**P. O. BOX 7808  
BOX 7808  
FT. WAYNE IN 46801-7808  
US**

3. Date Incorporated or Qualified **10/27/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **35-1495207** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **One Reinsurance Place** 2a. Mailing Address  
**P.O. Box 7808**  
Suite, Apt. #, etc.  
22 **1700 Magnavox Way** 27  
City & State  
23 **Fort Wayne, IN** 28 **Fort Wayne, IN**  
Zip 24 **46804** Country 25 **USA** Zip 29 **46801-7808** Country 30 **USA**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when making change.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROESLER, MAX A</b>	
STREET ADDRESS	<b>1300 S CLINTON ST FT WAYNE IN</b>	
CITY - ST - ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROLLAND, IAN M.</b>	
STREET ADDRESS	<b>200 EAST BERRY STREET FT. WAYNE IN</b>	
CITY - ST - ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAHEEN, GABRIEL L</b>	
STREET ADDRESS	<b>1700 MAGNOVOX WAY FT WAYNE IN</b>	
CITY - ST - ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTSON, RICHARD S.</b>	
STREET ADDRESS	<b>200 EAST BERRY STREET FT WAYNE IN</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Whitney, Janet C.</b>	
13 STREET ADDRESS	<b>1300 S. Clinton Street Fort Wayne, IN 46801</b>	
14 CITY - ST - ZIP		
21 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Womack, C. Suzanne</b>	
23 STREET ADDRESS	<b>200 East Berry Street Fort Wayne, IN 46801</b>	
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP	<b>46804</b>	
41 TITLE	<b>SVPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Tyler, William K.</b>	
43 STREET ADDRESS	<b>1700 Magnavox Way Fort Wayne, IN 46804</b>	
44 CITY - ST - ZIP		
51 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Lemon, Mark D.</b>	
53 STREET ADDRESS	<b>1700 Magnavox Way Fort Wayne, IN 46804</b>	
54 CITY - ST - ZIP		
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Alford, Timothy J.</b>	
63 STREET ADDRESS	<b>1700 Magnavox Way Fort Wayne, IN 46804</b>	
64 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: *[Signature]* **4-17-96** (219) 455-4535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #

CR2E034 (12/95)

850850

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**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	2101 Sycamore Hills Drive 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 General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804
Vice President and Treasurer Janet C. Whitney 303-54-5250	1300 S. Clinton Street Fort Wayne, IN 46801	10002 Crown Point Drive Fort Wayne, IN 46804
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	824 Autumn Ridge Lane Fort Wayne, IN 46804

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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

Assistant Secretary  
Thomas L. Spurling  
314-58-3898

One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804

3615 Mayapple Drive  
Fort Wayne, IN 46818

Directors

James R. Horein  
306-32-2881

One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804

2805 Fox Chase Run  
Fort Wayne, IN 46825

Gabriel L. Shaheen  
305-60-4979

One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804

2101 Sycamore Hills Drive  
Fort Wayne, IN 46804

William K. Tyler  
337-36-5795

One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804

2929 Buckhurst Run  
Fort Wayne, IN 46815

Timothy J. Alford  
315-50-4388

One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804

6622 Sweetbrier Drive  
Fort Wayne, IN 46804

All terms are indefinite.