

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

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

05-10-1999 90192 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 850850**

1. Corporation Name  
**LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COMPANY**



Principal Place of Business  
**ONE REINSURANCE PLACE  
 1700 MAGNAVOX WAY  
 FORT WAYNE IN 46804  
 US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/27/1981**

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 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

**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 **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

TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHITNEY, JANET C.	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOMACK, C. SUZANNE	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	TYLER, WILLIAM K.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEMON, MARK D.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	SVOD	<input type="checkbox"/> DELETE
NAME	ALFORD, TIMOTHY J.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chrzan, Janet
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	46801
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Rose, Cynthia A.
2.4 CITY-ST-ZIP	1300 S. Clinton Street Fort Wayne, IN 46801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	46804
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	46804
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	46804
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SVPD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	46804

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 on 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)

**Lincoln National Health & Casualty Insurance Company**

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

535385-90192-3  
850850

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

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman, CEO, & President Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
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 Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Senior Vice President David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Senior Vice President Richard S. Robertson 536-38-9141	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	12618 Aboite Center Road Fort Wayne, IN 46804
Senior Vice President Arthur S. Ross 033-30-8468	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6721 Wood Glen Court 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 Neal E. Arnold 314-58-8491	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
V.P. & Chief Medical Director Richard E. Braun, M.D. 220-62-5916	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	9609 Wawasee Cove 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

535385-9092-3

850850

Directors

Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Arthur W. DeTore, M.D. 029-44-7865	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	14118 Whiskey Creek Drive Fort Wayne, IN 46804
David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Richard S. Robertson 536-38-9141	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	12618 Aboite Center Road Fort Wayne, IN 46804
Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Katherine K. Wyss 313-66-7265	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	4624 Tacoma Avenue Fort Wayne, IN 46807

All terms are indefinite.