

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90049 041 ***150.00

DOCUMENT # 850850

1. Entity Name

LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COM

Principal Place of Business

Mailing Address

ONE REINSURANCE PLACE
 1700 MAGNAVOX WAY
 FORT WAYNE IN 46804
 US

P.O. BOX 7808
 FORT 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

35-1495207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/CHRZAN, JANEY	NAME	
STREET ADDRESS	/200 EAST BERRY STREET/	STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN 46801	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, CYNTHIA A	NAME	
STREET ADDRESS	1300 S CLINTON STREET	STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN 46801	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, LAWRENCE T.	NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN 46804	CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> Delete	TITLE	SVPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WILLIAM K.	NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46804	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON, MARK D.	NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46804	CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TIMOTHY J.	NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46804	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 if 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 #

CR2E034 (9/98)

Lincoln National Health & Casualty Insurance Company

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

850850
00067710

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 Larry H. Roy 420-66-3133	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6431 Beaver Creek Court Fort Wayne, IN 46814
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 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 Stephen T. Clinton 430-80-5382	Seguros Serfin Lincoln Av. Insurgentes Sur No. 2065-2o Piso Torre A Col. San Angel C.P. 01000 Mexico City, D.F. Republic of Mexico	Hegel 721 Col. Polanco C.P. 11560 Mexico City, D.F. Republic of Mexico
Vice President 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

Directors

850850
00067710

Timothy J. Alford
315-50-4388

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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.