

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90077 001 ***150.00

DOCUMENT # 850850
 1. Entity Name
LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COM PANY

Principal Place of Business Mailing Address
ONE REINSURANCE PLACE **P.O. BOX 7808**
1700 MAGNAVOX WAY **FORT WAYNE IN 46801-7808**
FORT WAYNE IN 46804 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
35-1495207 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A
STREET ADDRESS	1300 S CLINTON STREET
CITY-ST-ZIP	FT WAYNE IN 46801
TITLE	PD <input type="checkbox"/> Delete
NAME	ROWLAND, LAWRENCE T.
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FT. WAYNE IN 46804
TITLE	SVPD/ <input type="checkbox"/> Delete
NAME	TYLER, WILLIAM K.
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	AS <input type="checkbox"/> Delete
NAME	LEMON, MARK D.
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	SVPD/ <input type="checkbox"/> Delete
NAME	ALFORD, TIMOTHY J.
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	SVPD <input checked="" type="checkbox"/> Delete
NAME	CLARK, KENNETH J
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia D. Harrigan
STREET ADDRESS	175 King Street
CITY-ST-ZIP	Armonk, NY 10504
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice Pres. & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Brunnegraff
STREET ADDRESS	175 King Street
CITY-ST-ZIP	Armonk, NY 10504

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 addressee, with all other like empowered.

SIGNATURE **Mark D. Lemon.** Date **4/18/02** Daytime Phone # **(260)455-4535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

ATTACHMENT

850850

Lincoln National Health & Casualty
Insurance Company
1700 Magnavox Way
Fort Wayne, IN 46804
35-1495207

781000

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

<u>Name</u>	<u>Officers</u> <u>Business Address</u>	<u>Residence Address</u>
Chairman Jacques E. Dubois 038-32-5317	175 King Street Armonk, NY 10504	524 Lake Avenue Greenwich, CT
Chief Executive Officer Chris C. Stroup 099-60-1895	175 King Street Armonk, NY 10504	119 Middlebrook Farm Road Wilton, CT
President Lawrence T. Rowland 392-46-9712	1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
Executive Vice President and Chief Pricing Officer Neal E. Arnold 314-58-8491	1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
Executive Vice President Glenn D. Engel 029-38-0581	175 King Street Armonk, NY 10504	65 Blanket Meadow Road Monroe, CT
Executive Vice President and Chief Financial Officer Alan D. Head 413-04-4091	175 King Street Armonk, NY 10504	86 Pembroke Drive Stamford, CT
Executive Vice President and Chief Underwriter William E. Moore 041-50-6941	175 King Street Armonk, NY 10504	88 Hillcrest Park Road Old Greenwich, CT
Executive Vice President Larry H. Roy 420-66-3133	1700 Magnavox Way Fort Wayne, IN 46804	6431 Beaver Creek Court Fort Wayne, IN 46814

ATTACHMENT
850850
781000

Directors

Jacques E. Dubois
038-32-5317

175 King Street
Armonk, NY 10504

524 Lake Avenue
Greenwich, CT

Chris C. Stroup
099-60-1895

175 King Street
Armonk, NY 10504

119 Middlebrook Farm Road
Wilton, CT

Alan D. Head
413-04-4091

175 King Street
Armonk, NY 10504

86 Pembroke Drive
Stamford, CT

Lawrence T. Rowland
392-46-9712

1700 Magnavox Way
Fort Wayne, IN 46804

5025 Litchfield Road
Fort Wayne, IN 46835

W. Weldon Wilson
416-80-0775

175 King Street
Armonk, NY 10504

85 Sherman Turnpike
Redding, CT

Glenn D. Engel
029-38-0581

175 King Street
Armonk, NY 10504

65 Blanket Meadow Road
Monroe, CT

William E. Moore
041-50-6941

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Armonk, NY 10504

88 Hillcrest Park Road
Old Greenwich, CT