

850850
TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fort Wayne Health & Casaulty Insurance Company (f/k/a Lincoln
(Name of corporation) National Health & Casualty Insurance
Company)

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maura Tepper
(Name of person)

Fort Wayne Health & Casualty Insurance Company
(Name of firm/company)

175 King Street
(Address)

Armonk, NY 10504
(City/state and zip code)

For further information concerning this matter, please call:

Maura Tepper at (877) 794-7773 ext. 8761
(Name of person) (Area code & daytime telephone number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
02 MAY 24 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/c

T BROWN JUN - 5 2002

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

850850
Document Number of Corporation (If known)

1. Lincoln National Health & Casualty Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Indiana
(Incorporated under laws of)

3. October 27, 1981
(Date authorized to do business in Florida)

FILED
02 MAY 24 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Febraury 12, 2002

5. Fort Wayne Health & Casualty Insurance Company
(Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

Patricia D. Harrigan
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

4/29/02
(Date)

Patricia D. Harrigan
(Typed or printed name)

Secretary
(Title)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF AMENDMENT

of

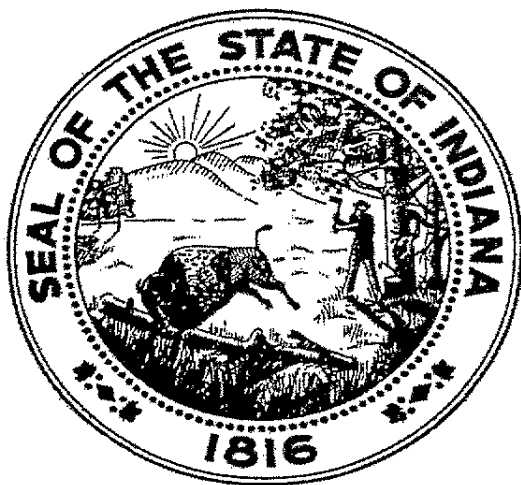
LINCOLN NATIONAL HEALTH & CASUALTY INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

The name following said transaction will be:

FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, February 12, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 12, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE



ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORATION

State Form 38333 (R8 / 12-96)
Approved by State Board of Accounts 1995

DOE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
100 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

2002 FEB 12 PM 2:26

Indiana Code 23-1-38-1 et seq.
Filing Fee: \$30.00

INSTRUCTIONS: Use 8 1/2" x 11" white paper for inserts.
Present original and two copies to address in upper right hand corner of this
Please TYPE or PRINT.

APPROVED
FILED
SECRETARY OF STATE

ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORATION OF:	
Name of Corporation Lincoln National Health & Casualty Insurance Company	Date of incorporation October 21, 1980
The undersigned officers of the above referenced Corporation (<i>hereinafter referred to as the "Corporation"</i>) existing pursuant to the provisions of: (<i>indicate appropriate act</i>) <input checked="" type="checkbox"/> Indiana Business Corporation Law <input type="checkbox"/> Indiana Professional Corporation Act of 1983 as amended (<i>hereinafter referred to as the "Act"</i>), desiring to give notice of corporate action effectuating amendment of certain provisions of its Articles of Incorporation, certify the following facts:	
ARTICLE I Amendment(s)	
The exact text of Article(s) <u>I.</u> of the Articles	
(NOTE: If amending the name of corporation, write Article "I" in space above and write "The name of the Corporation is _____," below.) The name of the Corporation is Fort Wayne Health & Casualty Insurance Company	
ARTICLE II	
Date of each amendment's adoption: The Amendment set forth above was adopted December 13, 2001.	

APPROVED
DEPARTMENT OF INSURANCE
FEB 06 2002
Mark Bufahl
STATE OF INDIANA
INSURANCE COMMISSIONER
Deputy

(Continued on the reverse side)

ARTICLE III Manner of Adoption and Vote

Mark applicable section: NOTE - Only in limited situations does Indiana law permit an Amendment without shareholder approval. Because a name change requires shareholder approval, Section 2 must be marked and either A or B completed.

SECTION 1 This amendment was adopted by the Board of Directors or incorporators and shareholder action was not required.

SECTION 2 The shareholders of the Corporation entitled to vote in respect to the amendment adopted the proposed amendment. The amendment was adopted by: (Shareholder approval may be by either A or B.)

A. Vote of such shareholders during a meeting called by the Board of Directors. The result of such vote is as follows:

400	Shares entitled to vote.
400	Number of shares represented at the meeting.
400	Shares voted in favor.
0	Shares voted against.

B. Unanimous written consent executed on December 13th, ~~2001~~ and signed by all shareholders entitled to vote.

ARTICLE IV Compliance with Legal Requirements

The manner of the adoption of the Articles of Amendment and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation, and the By-Laws of the Corporation.

I hereby verify, subject to the penalties of perjury, that the statements contained herein are true, this 28th day of January, ~~2002~~ 2002.

Signature of current officer or chairman of the board

Printed name of officer or chairman of the board

W. Weldon Wilson

Signature's title

Vice President

I hereby verify, subject to the penalties of perjury, that the statements contained herein are true, this 28th day of January 2002.

Patricia D. Harrigan
Secretary

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD)

I, the undersigned, a Notary Public duly commissioned to take acknowledgements and administering oaths in the State of Connecticut, certify that W. Weldon Wilson, Vice President of the Corporation and Patricia D. Harrigan, Secretary of the Corporation, the officers executing the foregoing Articles of Amendment of the Articles of Incorporation, personally appeared before me, acknowledged the execution thereof, and swore or attested to the truth of the facts therein stated.

Notary Public

MAURA C. TEPPER
NOTARY PUBLIC

My Commission Expires October 31, 2005



RECEIVED
INDIANA SECRETARY
OF STATE

FEB 12 PM 2:26

STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

STEVE CARTER
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

February 9, 2002

CERTIFICATION

I have examined the Articles of Amendment of the Articles of Incorporation of Lincoln National Health & Casualty Insurance Company which is changing its name to Fort Wayne Health & Casualty Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

STEPHEN CARTER
Attorney General of Indiana
Atty No. 4150-64

A large, stylized handwritten signature in black ink, appearing to read "Gordon E. White, Jr.", written over a horizontal line.

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

38250





STATE OF INDIANA
Office of the Secretary of State

I hereby certify that this is a true and complete copy of the
47502 page document(s)
as filed in this office.

DATED 02-29, 2022

Sue Anne Hillery
Secretary of State

BY Sue Anne Hillery
This Certification Stamp replaces our previous Certification System.