


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 034 ***150.00

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1. Entity Name
FORT WAYNE 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**

40045017



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1495207

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INSRUANCE COMMISSIONER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HARRIGAN, PATRICIA D
STREET ADDRESS	175 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	EVPD -
NAME	ECKERT, RAYMOND A
STREET ADDRESS	175 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	PD
NAME	MCARTHUR, STEPHEN R PRES.
STREET ADDRESS	175 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	AS
NAME	LEMON, MARK D.
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE, IN 46804
TITLE	EVPD
NAME	ARNOLD, NEAL A
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE, IN 46804
TITLE	VP----
NAME	WYATT, ROBYN A
STREET ADDRESS	175 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504

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12. 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 10 or Block 11 if changed, or, on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **3/17/05** Daytime Phone #: **877/794-7773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Eckert, Executive Vice President