


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 004 ***150.00

DOCUMENT # 850850

1. Entity Name
FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address


ONE REINSURANCE PLACE **P.O. BOX 7808**
1700 MAGNAVOX WAY **FORT WAYNE, IN 46801-7808 US**
FORT WAYNE, IN 46804 US

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



01202006 Chg-P CR2E034 (11/05)

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 7. Name and Address of New Registered Agent

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

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

SIGNATURE _____ DATE _____

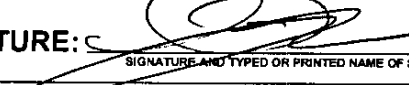
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIGAN, PATRICIA D	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, RAYMOND A	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	CEO/P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCARTHUR, STEPHEN R PRES.	NAME	W. Weldon Wilson
STREET ADDRESS	175 KING STREET	STREET ADDRESS	175 King Street
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	Armonk, NY 10504
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	EVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, NEAL A	NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46804	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, ROBYN A	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Mark D. Lemon** 1/20/06 260/435-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fort Wayne Health & Casualty Insurance Company
1700 Magnavox Way
Fort Wayne, IN 46804

ATTACHMENT
40008423
#850850

Principal Officers

<u>Officer & Title</u>	<u>Address</u>
Jacques E. Dubois Chairman	175 King Street Armonk, NY 10504
W. Weldon Wilson CEO & President	175 King Street Armonk, NY 10504
Robyn A. Wyatt EVP & CFO	175 King Street Armonk, NY 10504
Thomas J. Brunnegraff Vice President & Treasurer	175 King Street Armonk, NY 10504
Patricia D. Harrigan Sr. Vice President, Deputy General Counsel & Secretary	175 King Street Armonk, NY 10504
Mark D. Lemon Assistant Secretary	1700 Magnavox Way Fort Wayne, IN 46804

Directors

<u>Director</u>	<u>Address</u>
Jacques E. Dubois	175 King Street Armonk, NY 10504
W. Weldon Wilson	175 King Street Armonk, NY 10504
Neal A. Arnold	1700 Magnavox Way Fort Wayne, IN 46804
Raymond A. Eckert	175 King Street Armonk, NY 10504
William B. Moore	175 King Street Armonk, NY 10504