

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 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**

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

35-1495207

Applied For

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
 NAME **ROSE, CYNTHIA A**
 STREET ADDRESS **1300 S CLINTON STREET**
 CITY-ST-ZIP **FT WAYNE IN 46801**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Patricia D. Harrigan**
 STREET ADDRESS **175 King Street**
 CITY-ST-ZIP **Armonk, NY 10504**

TITLE **PD** ☐ Delete
 NAME **ROWLAND, LAWRENCE T.**
 STREET ADDRESS **1700 MAGNAVOX WAY**
 CITY-ST-ZIP **FT. WAYNE IN 46804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVPD/** ☐ Delete
 NAME **TYLER, WILLIAM K.**
 STREET ADDRESS **1700 MAGNAVOX WAY**
 CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE **Executive Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **LEMON, MARK D.**
 STREET ADDRESS **1700 MAGNAVOX WAY**
 CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVPD/** ☐ Delete
 NAME **ALFORD, TIMOTHY J.**
 STREET ADDRESS **1700 MAGNAVOX WAY**
 CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE **Senior Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVPD** ☒ Delete
 NAME **CLARK, KENNETH J**
 STREET ADDRESS **1700 MAGNAVOX WAY**
 CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE **Vice Pres. & Treasurer** ☐ Change ☒ 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 affidavit, with an other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Mark D. Lemon.

Date

(260)455-4535

Daytime Phone #

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