

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850850

FILED
Apr 08, 2004
Secretary of State

Entity Name: FORT WAYNE HEALTH & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FORT WAYNE, IN 46804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7808
FORT WAYNE, IN 468017808 US

New Mailing Address:

FEI Number: 35-1495207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

INSRUANCE COMMISSIONER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

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: INSURANCE COMMISSIONER

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HARRIGAN, PATRICIA D
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: EVPD () Delete
Name: ECKERT, RAYMOND A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: CEOD () Delete
Name: WILSON, W. WELDON
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: AS () Delete
Name: LEMON, MARK D.
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

Title: EVPD () Delete
Name: ARNOLD, NEAL A
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

Title: VT () Delete
Name: BRUNNEGRAFF, THOMAS J
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MCARTHUR, STEPHEN R PRES.
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WYATT, ROBYN A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND A. ECKERT

EVPD

04/08/2004

Electronic Signature of Signing Officer or Director

Date