

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-04-2005 90056 034 ***150.00

DOCUMENT # 850850

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)

4. FEI Number
35-1495207

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**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-STATE-ZIP: **ARMONK, NY 10504**

TITLE: **EVPD**
NAME: **ECKERT, RAYMOND A**
STREET ADDRESS: **175 KING STREET**
CITY-STATE-ZIP: **ARMONK, NY 10504**

TITLE: **PD**
NAME: **MCARTHUR, STEPHEN R PRES.**
STREET ADDRESS: **175 KING STREET**
CITY-STATE-ZIP: **ARMONK, NY 10504**

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

TITLE: **EVPD**
NAME: **ARNOLD, NEAL A**
STREET ADDRESS: **1700 MAGNAVOX WAY**
CITY-STATE-ZIP: **FORT WAYNE, IN 46804**

TITLE: **VP**
NAME: **WYATT, ROBYN A**
STREET ADDRESS: **175 KING STREET**
CITY-STATE-ZIP: **ARMONK, NY 10504**

**DO NOT WRITE
IN THIS SPACE**

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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 877/794-7773

Date

Daytime Phone #

Raymond A. Eckert, Executive Vice President