

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
**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		01202006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 35-1495207	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSURANCE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D 175 KING STREET ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD ECKERT, RAYMOND A 175 KING STREET ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARTHUR, STEPHEN R PRES. 175 KING STREET ARMONK, NY 10504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D W. Weldon Wilson 175 King Street Armonk, NY 10504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEMON, MARK D. 1700 MAGNAVOX WAY FORT WAYNE, IN 46804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD ARNOLD, NEAL A 1700 MAGNAVOX WAY FORT WAYNE, IN 46804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYATT, ROBYN A 175 KING STREET ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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