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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 002 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04491

1. Corporation Name

LINCOLN NATIONAL REASSURANCE 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1984

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

06-1067046

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
FLORIDA DEPT. OF INSURANCE
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

46804

☐ Change ☐ Addition

TITLE **S** ☒ DELETE
NAME **WOMACK, C. SUZANNE**
STREET ADDRESS **200 EAST BERRY STREET**
CITY-ST-ZIP **FORT WAYNE IN**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S
Rose, Cynthia A.
1300 S. Clinton Street
Fort Wayne, IN 46801

☐ Change ☒ Addition

TITLE **VPT** ☐ DELETE
NAME **WHITNEY, JANET C**
STREET ADDRESS **200 E BERRY STREET**
CITY-ST-ZIP **FORT WAYNE IN**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Chrzan, Janet

46801

☒ Change ☐ Addition

TITLE **SVP** ☐ DELETE
NAME **CLARK, KENNETH J.**
STREET ADDRESS **1700 MAGNAVOX PLACE**
CITY-ST-ZIP **FORT WAYNE IN**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

1700 Magnavox Way
46804

☒ Change ☐ Addition

TITLE **SVP** ☐ DELETE
NAME **ALFORD, TIMOTHY J**
STREET ADDRESS **1700 MAGNAVOX WAY**
CITY-ST-ZIP **FT WAYNE IN 46804**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SVP** ☐ DELETE
NAME **HOPPER, DAVID A**
STREET ADDRESS **1700 MAGNAVOX WAY**
CITY-ST-ZIP **FORT WAYNE IN 46804**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99

(219) 455-4535

CR2E034 (11/98)

Lincoln National Reassurance Company

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
06-1067046

535384-90192-2

P04491

All Mail: P. O. Box 7808; Fort Wayne, IN 46801-7808

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman, CEO, & President Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
Senior Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Senior Vice President Donald C. Chambers, M.D. 309-36-7777	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1212 Westover Road Fort Wayne, IN 46807
Senior Vice President Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Senior Vice President David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Senior Vice President Arthur S. Ross 033-30-8468	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6721 Wood Glen Court Fort Wayne, IN 46804
Senior Vice President and Assistant Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Vice President Neal E. Arnold 314-58-8491	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
Vice President and Treasurer Janet Chrzan 303-54-5250	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court Fort Wayne, IN 46804
Vice President Stephen T. Clinton 430-80-5382	Seguros Serfin Lincoln Av. Insurgentes Sur No. 2065-2o Piso Torre A Col. San Angel C.P. 01000 Mexico City, D.F. Republic of Mexico	Hegel 721 Col. Polanco C.P. 11560 Mexico City, D.F. Republic of Mexico

535384-90PR-2

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Directors

Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Arthur W. DeTore, M.D. 029-44-7865	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	14118 Whiskey Creek Drive Fort Wayne, IN 46804
David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Katherine K. Wyss 313-66-7265	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	4624 Tacoma Avenue Fort Wayne, IN 46807

All terms are indefinite.