FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19475 (3)

1. Corporation Name
LINCOLN NATIONAL RISK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% TAX DEPARTMENT 1300 S. CLINTON STREET FORT WAYNE IN 46802-3506	% TAX DEPARTMENT 1300 S. CLINTON STREET FORT WAYNE IN 46802-3506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: One Reinsurance Place
1700 Magnavox Way
22: Suite, Apt. #, etc.
23: City & State: Fort Wayne, IN
24: Zip: 46804
25: Country: USA

2a. Mailing Address
26: P. O. Box 7808
27: Suite, Apt. #, etc.
28: City & State: Fort Wayne, IN
29: Zip: 46801-7808
30: Country: USA

4. FEI Number: 35-1725019 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WEST, THOMAS M.	1.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	1.3 STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP	FT. WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOPPER, DAVID A	2.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ROWLAND, LAWRENCE T	3.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAHEEN, GABRIEL L	4.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	ROESLER, MAX A.	5.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	BEEKS, RENEE L	6.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 X in Block.

SIGNATURE: _____ 4-25-95 219-455-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark D. Lemon, Assistant Secretary

0384041 CP

P19475

Lincoln National Risk Management, Inc.
One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
35-1725019

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

Officers

Name	Business Address	Residence Address
Chairman & CEO Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1731 Hollow Creek Court Fort Wayne, IN 46804
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
Vice President and Treasurer Max A. Roesler 307-32-9533	1300 S. Clinton Street Fort Wayne, IN 46801	430 Spring Beach Drive Rome City, IN 46784
Secretary C. Suzanne Womack 307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run Fort Wayne, IN 46835
Assistant Secretary Mark D. Lemon 313-82-4245	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5511 Hoagland Avenue Fort Wayne, IN 46807
Assistant Secretary and Assistant Treasurer Douglas N. Miller 310-72-8023	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5607 Marty's Hill Place Fort Wayne, IN 46815
Assistant Secretary Thomas L. Spurling 314-58-3898	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3615 Mayapple Drive Fort Wayne, IN 46818