

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

10/2

DOCUMENT # P19475 (3)

1. Corporation Name

LINCOLN NATIONAL RISK MANAGEMENT, INC.



Principal Place of Business

Mailing Address

ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FORT WAYNE IN 46804
US

P.O. BOX 7808
1300 S. CLINTON STREET
FT. WAYNE IN 46801-7808
US

3. Date Incorporated or Qualified
06/02/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 One Reinsurance Place

26 P.O. Box 7808

4. FEI Number

35-1725019

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1700 Magnavox Way

27

City & State

City & State

23 Fort Wayne, IN

28 Fort Wayne, IN

Zip

Country

Zip

Country

24 46804

25 USA

29 46801-7808

30 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

TITLE CD ☒ DELETE
NAME WEST, THOMAS M.
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

TITLE PD ☐ DELETE
NAME HOPPER, DAVID A
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

TITLE D ☐ DELETE
NAME JAMES R. HEION
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

TITLE V ☒ DELETE
NAME SHAHEEN, GABRIEL L.
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

TITLE VT ☒ DELETE
NAME ROESLER, MAX A.
STREET ADDRESS 1300 S. CLINTON ST
CITY-ST-ZIP FT. WAYNE IN

TITLE D ☐ DELETE
NAME WILLIAM K. TYLER
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME Shaheen, Gabriel L.
1.3 STREET ADDRESS 1700 Magnavox Way
1.4 CITY-ST-ZIP Fort Wayne, IN 46804

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 46804

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Horein, James R.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 46804

4.1 TITLE V/GC ☐ Change ☒ Addition
4.2 NAME Prosser, Raymond L.
4.3 STREET ADDRESS 1700 Magnavox Way
4.4 CITY-ST-ZIP Fort Wayne, IN 46804

5.1 TITLE VT ☐ Change ☒ Addition
5.2 NAME Whitney, Janet C.
5.3 STREET ADDRESS 1300 S. Clinton Street
5.4 CITY-ST-ZIP Fort Wayne, IN 46801

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 46804

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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

(219) 455-4535

Daytime Phone #

CR2E034 (12/95)

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

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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 Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2101 Sycamore Hills Drive 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 General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804
Vice President and Treasurer Janet C. Whitney 303-54-5250	1300 S. Clinton Street Fort Wayne, IN 46801	10002 Crown Point Drive Fort Wayne, IN 46804
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	824 Autumn Ridge Lane Fort Wayne, IN 46804
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