FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19475

(3)

LINCOLN NATIONAL RISK MANAGEMENT, INC.

FILED May 01 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address)		
ONE REINSURANCE PLACE 1700 MAGNOAVOX WAY FORT WAYNE IN 48804		P.O. BOX 7808 FT. WAYNE IN 46801-7808 US	FT. WAYNE IN 46801-7808					
U\$					 Date Incorporated or Qualified 06/02/1988 	3a. Date of Last Report 04/23/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21 Suite, Apt.	#. elc.	26 Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	35-1725019	Not Applicable		
	Magnavox Way	27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zıp	Country	- 7 φ	Country		8. This corporation has liability for in			
24	25 9. Name and Address of Curre	29 :	30		Florida Statutos 10. Name and Address of New Reg	Yes No		
PRE	ENTICE-HALL CORPORATION SY		81	Name	IV. Name and Address of New Neg	istered Agent		
	NORTH MAGNOLIA STREET	O1 Lini, 1110.		61	(D.O. D.)			
	LAHASSEE FL 32301		82	Street Add	I Address (P.O. Box Number is Not Acceptable)			
:			83					
			84	City		FL 85 Zip Code		
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was ac	 s, the above athorized by	named cor	rporation submits this statement for the pu ation's board of directors. I hereby accept			
agent. I a SIGNATURE	am familiar with, and accept the oblig	jations of, Section 607.0505, Flor	ida Statutes	'	, , , , , , , , , , , , , , , , , , , ,			
	Signature, typed or printed name of registeriolary			t signature teq	нed when reinstaling)	DÁTE		
12.	OFFICERS AN	ODDIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ER\$ AND DIRECTORS IN 12		
TITLE NAME	SHAHEEN, GABRIEL L.	XX DELETE	1 1 TITLE		Chairman & CEO/Director	r Change 🛣 Addition		
STREET ADDRESS	1700 MAGNAVOX WAY		1.2 NAME		awrence T. Rowland			
CITY-ST-ZIP	FT. WAYNE IN		13 STREET /		700 Magnavox Way Ort Wayne, IN 46804			
TITLE	PD	DELETE	2 1 TITLE	-711	ort wayne, IN 40804	Change Addition		
NAME	HOPPER, DAVID A		2.2 NAME					
STREET ADDRESS	1700 MAGNAVOX WAY		2.3 \$18EEL /	DDRESS .				
CITY-ST-ZIP	FT. WAYNE IN		2 4 CITY - S	- ZIP				
TITLE	D	XX DELFTE	3 1 1811			Change Addition		
NAME	HOREIN, JAMES R.		3.2 NAME					
STREET ADDRESS	1700 MAGNAVOX WAY		3.3 STREET A	DDRESS				
CITY-ST-ZIP	FT. WAYNE IN		3.4. C(1Y · S	- 20P				
TITLE	VGC	☐ DECETE	4111166			Change Addition		
NAME	PROSSER, RAYMON L.		4 2 NAME	I	aymond L. Prosser			
STREET ADDRESS	1700 MAGNAVUX WAY FT. WAYNE IN		4.3 STREET /					
CITY-ST-ZIP	VI WAINE IN	DOLLETE	44 CITY - ST	· Z(P		Change Addition		
NAME	WHITNEY, JANET C.	E our it	5.1 TITLE 5.2 NAME			L X Change L_ Addition		
STREET ADDRESS	1300 S. CLINTON STREET		5.2 NAME 5.3 STREET	nnness 2	00 East Berry Street			
CITY-ST-ZIP	FT. WAYNE IN		5.4 CITY - ST		oo hast beily street			
TITLE	D	DELETE	G 1 THLE		enior Vice President/D)fr.		
NAME	WILLIAM K. TYLER		G.2 NAME	-				
STREET ADDRESS	1700 MAGNAVOX WAY		G.3 STREET A	DDRESS				
CITY-ST-ZIP	FT. WAYNE IN		6.4 CITY - S1	- 21P				
14. I do 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 in an attachment with an address.								

Lincoln National Risk Management, inc. One Reinsurance Place

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 Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
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 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 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 COO Russell Sucver 293-46-9612	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1924 Montgomery Court Fort Wayne, IN 46815
Vice President and Treasurer Janet C. Whitney 303-54-5250	200 East Berry 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 Thomas L. Spurling 314-58-3898	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3615 Mayapple Drive Fort Wayne, IN 46818