

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19475 (3)

1. Corporation Name  
LINCOLN NATIONAL RISK MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FORT WAYNE IN 46804 US		Mailing Address P.O. BOX 7808 FT. WAYNE IN 46801-7808 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/02/1988	4. FEI Number 35-1725019
21. Suite, Apt. #, etc. S/B: 1700 Magnavox Way	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO ROWLAND, LAWRENCE T. 1700 MAGNAVOX WAY FT. WAYNE IN <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, DAVID A 1700 MAGNAVOX WAY FT. WAYNE IN <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOREIN, JAMES R. 1700 MAGNAVOX WAY FT. WAYNE IN <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Womack, C. Suzanne 200 East Berry Street Fort Wyane, IN 46801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGC PROSSER, RAYMON L. PROSSER, RAYMOND L. FT. WAYNE IN <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Prosser, Raymond L. 1700 Magnavox Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITNEY, JANET C. 200 EAST BERRY STREET FT. WAYNE IN <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAM K. TYLER 1700 MAGNAVOX WAY FT. WAYNE IN <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

(Mark D. Jones)

1-7-98

(212) 455-4525

CR2E034 (10/97)

**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

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
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 Suever 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	11136 Creekwood Court 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 Barbara Ann Collier 547-46-8606	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	4540-1 Kekionga Drive Fort Wayne, IN 46809
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