

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

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

05-10-1999 90192 013 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P19475

1. Corporation Name
LINCOLN NATIONAL RISK MANAGEMENT, INC.



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
06/02/1988

4. FEI Number
35-1725019

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 owes the current year Intangible Personal Property Tax. 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

TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOPPER, DAVID A	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOMACK, C S	
STREET ADDRESS	200 E BERRY STREET	
CITY-ST-ZIP	FORT WAYNE IN 46801	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	PROSSER, RAYMOND L	
STREET ADDRESS	1700 MAGNAVOX WY	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHITNEY, JANET C.	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	SVPD	<input type="checkbox"/> 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	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fraley, Linda C.	
1.3 STREET ADDRESS	1700 Magnavox Way	
1.4 CITY-ST-ZIP	Fort Wayne, IN 46804	
2.1 TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	46804	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rose, Cynthia A.	
3.3 STREET ADDRESS	1300 S. Clinton Street	
3.4 CITY-ST-ZIP	Fort Wayne, IN 46801	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	46804	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Chrzan, Janet	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	46801	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	46804	

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: _____ DATE: **4-22-99** (219) 455-4535
 Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)

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

535395-90192-13
P19475

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

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
President & CEO Linda C. Fraley 317-56-1257	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1805 Forest Valley Drive Fort Wayne, IN 46815
Executive 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
Sr. V.P. & Asst. Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Senior 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
V.P. & General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	7724 Inverness Glens Drive Fort Wayne, IN 46804
Vice President 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
Vice President Thomas P. Riehm 315-48-4636	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	8823 Walnut Ridge Drive New Haven, IN 46774
Vice President and Treasurer Janet Chrzan 303-54-5250	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court Fort Wayne, IN 46804
Secretary Cynthia A. Rose 311-64-8908	1300 South Clinton Street Fort Wayne, IN 46802	3380 West 1200 North Decatur, IN 46733
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

(See back for list of Directors)