

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-10-1999 90192 013 ***150.00

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

3. Date Incorporated or Qualified

06/02/1988

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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

TITLE ☒ DELETE

NAME ROWLAND, LAWRENCE T.
STREET ADDRESS 1700 MAGNAVOX WAY
CITY-ST-ZIP FT. WAYNE IN

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME WOMACK, C S
STREET ADDRESS 200 E BERRY STREET
CITY-ST-ZIP FORT WAYNE IN 46801

TITLE ☐ DELETE

NAME PROSSER, RAYMOND L
STREET ADDRESS 1700 MAGNAVOX WY
CITY-ST-ZIP FT. WAYNE IN

TITLE ☐ DELETE

NAME WHITNEY, JANET C.
STREET ADDRESS 200 EAST BERRY STREET
CITY-ST-ZIP FT. WAYNE IN

TITLE ☐ DELETE

NAME SVPD 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 ☐ Change ☒ Addition

1.2 NAME P/CEO/D
1.3 STREET ADDRESS Fraley, Linda C.
1.4 CITY-ST-ZIP 1700 Magnavox Way
Fort Wayne, IN 46804

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EVP/D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 46804

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S
3.3 STREET ADDRESS Rose, Cynthia A.
3.4 CITY-ST-ZIP 1300 S. Clinton Street
Fort Wayne, IN 46801

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 46804

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Chrzan, Janet
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 46801

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. D. Lemon Assistant Secretary

Date

Daytime Phone #

(219) 455-4535

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)