

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90176 001 ***550.00

DOCUMENT # P19475

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1725019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back). ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE - FRALEY, LINDA C 1700 MAGNAVOX WAY FT WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD HOPPER, DAVID A 1700 MAGNAVOX WAY FT. WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, CYNTHIA A 1300 S CLINTON ST FT WAYNE IN 46801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGC PROSSER, RAYMOND L 1700 MAGNAVOX WY FT. WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROWLAND, LAWRENCE T 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAM K. TYLER 1700 MAGNAVOX WAY FT. WAYNE IN 46801	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Chris C. Stroup 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S Patricia D. Harrigan 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Thomas J. Brunnegraff 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D W. Weldon Wilson 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Jacques E. Dubois 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS Margaret Ashbridge 1700 Magnavox Way Fort Wayne, IN 46804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Ashbridge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Ashbridge
 Susan Schmautz

July 18, 2002 260-455-2316
 4/19/02 260-455-3320
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

675600
P19475

Lincoln National Risk Management, Inc.
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>
Chairman Jacques-E. Dubois	175 King Street Armonk, NY 10504
President & Chief Executive Officer Chris C. Stroup	175 King Street Armonk, NY 10504
Executive Vice President Robert M. Bulthaup	175 King Street Armonk, NY 10504
Executive Vice President and Chief Financial Officer Raymond A. Eckert	175 King Street Armonk, NY 10504
Executive Vice President and Chief Information Officer J. Derek Scannell	175 King Street Armonk, NY 10504
Executive Vice President & General Counsel W. Weldon Wilson	175 King Street Armonk, NY 10504
Senior Vice President Theresa A. Choka	1700 Magnavox Way Fort Wayne, IN 46804
Senior Vice President, Associate General Counsel & Secretary Patricia D. Harrigan	175 King Street Armonk, NY 10504
Senior Vice President Robin A. Wyatt	175 King Street Armonk, NY 10504
Vice President Kevin J. Adamson	1700 Magnavox Way Fort Wayne, IN 46804