

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</u></p> <p><u>150 N RADNOR CHESTER RD</u> <u>MAIL STOP D2-210</u> <u>RADNOR, PA 19087</u></p>	<p><b>1c</b> Effective date of plan <u>06/20/1918</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>35-1140070</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>484-583-9094</u></p> <p><b>2d</b> Business code (see instructions) <u>551112</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	EMILY LONGWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  LINCOLN NATIONAL CORPORATION BENEFITS COMMITTEE  150 N RADNOR CHESTER RD MAIL STOP D2-210 RADNOR, PA 19087	<b>3b</b> Administrator's EIN 35-1620788  <b>3c</b> Administrator's telephone number 484-583-9094																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 11176																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:90%;">11176</td></tr> <tr><td><b>6a(2)</b></td><td>9767</td></tr> <tr><td><b>6b</b></td><td>0</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>9767</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	11176	<b>6a(2)</b>	9767	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	9767	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	11176																				
<b>6a(2)</b>	9767																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	9767																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  4  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>35-1140070</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	SA3890LF048901	9767	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">88322</p>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PACIFIC RESOURCES BENEFIT ADVISORS**      **75 STATE ST SUITE 1710**  
**BOSTON, MA 02109**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	88322	SUPPLEMENTAL COMPENSATION	3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		6430179
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>35-1140070</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	000400166312	7207	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		871484
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>35-1140070</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HAWAII MEDICAL SERVICE ASSOCIATION**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	16395	0	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	0
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</b>	<b>D</b> Employer Identification Number (EIN) <b>35-1140070</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**AETNA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>60054</b>	<b>160991</b>	<b>8198</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	0
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		330169
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS	<b>D</b> Employer Identification Number (EIN) 35-1140070	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	2215920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AETNA LIFE INSURANCE CO (MEDICAL)

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	2058029	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PERSONIFY HEALTH, INC

20-2547480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	1186887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AETNA BEHAVIORAL HEALTH, LLC

33-0052273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	420020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	SUBSIDIARY	399651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LIVONGO HEALTH INC

26-3542036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	342159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CVS CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	341276	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MERATIVE (FORMERLY IBM WATSON)

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	339392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LANTERN SPECIALTY CARE

99-1373613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	219225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OVIA HEALTH

45-5608650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	106391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MDLIVE, INC.

45-4937055

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	71882	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CITRIN COOPERMAN

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	38863	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PROGYNY

27-2220139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	37425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH &amp; ACCIDENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL CORPORATION C/O HEALTH &amp; WELFARE BENEFITS</b>	<b>D</b> Employer Identification Number (EIN) <b>35-1140070</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	19401	8106
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	107891	179943
<b>(3)</b> Other .....	<b>1b(3)</b>	9006480	10259175
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2265756	3299955
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11399528	13747179
<b>Liabilities</b>			
g Benefit claims payable.....	1g	23965120	19613045
h Operating payables.....	1h	478366	428855
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24443486	20041900
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	-13043958	-6294721

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	134686149	
(B) Participants.....	2a(1)(B)	42058450	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		176744599
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	334380	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		334380
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		177078979

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	154717090	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	7412714	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		162129804
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	8199938	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		8199938
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		170329742

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6749237
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

Lincoln National Corporation Employees' Life,  
Health and Accident Plan

Financial Statements and  
Supplemental Schedules

December 31, 2024 and 2023

# Lincoln National Corporation Employees' Life, Health and Accident Plan

December 31, 2024 and 2023

## Table of Contents

Independent Auditor's Report . . . . .	1
Statements of Net Assets Available for Benefits . . . . .	6
Statement of Changes in Net Assets Available for Benefits . . . . .	7
Statements of Benefit Obligations . . . . .	8
Statement of Changes in Benefit Obligations . . . . .	9
Notes to the Financial Statements . . . . .	10
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) . . . . .	16
Schedule H, Line 4j - Schedule of Reportable Transactions . . . . .	17

## Independent Auditor's Report

To the Lincoln National Corporation Benefits Committee  
Lincoln National Corporation Employees' Life, Health and Accident Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of the Lincoln National Corporation Employees' Life, Health and Accident Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Lincoln National Corporation Employees' Life, Health and Accident Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Lincoln National Corporation Employees' Life, Health and Accident Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Lincoln National Corporation Employees' Life, Health and Accident Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Lincoln National Corporation Employees' Life, Health and Accident Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Lincoln National Corporation Employees' Life, Health and Accident Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter - Supplemental Schedules Required by ERISA***

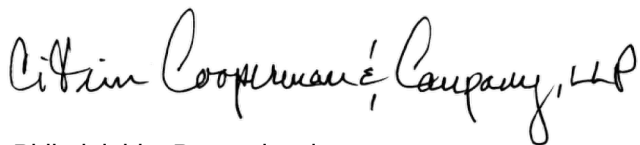
The supplemental schedule H, line 4i - schedule of assets (held at end of year) and schedule H, line 4j - schedule of reportable transactions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Philadelphia, Pennsylvania

October 6, 2025

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and invested cash	\$ 3,299,955	\$ 2,265,756
<b>Receivables</b>		
Participants' contributions	179,943	107,891
Plan Sponsor contributions	8,106	19,401
Accrued income	14,520	11,153
Pharmacy rebates	10,244,655	8,995,327
<b>Total receivables</b>	<u>10,447,224</u>	<u>9,133,772</u>
<b>Total assets</b>	13,747,179	11,399,528
<b>Liabilities</b>		
Administrative expenses payable	428,855	478,366
<b>Net assets available for benefits</b>	<u><u>\$ 13,318,324</u></u>	<u><u>\$ 10,921,162</u></u>

See accompanying notes to the financial statements.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

### Additions

Interest income	\$ 334,380
Participants' contributions	42,058,450
Plan Sponsor contributions	<u>134,686,149</u>
<b>Total additions</b>	<u>177,078,979</u>

### Deductions

Payment for health claims, net of rebates	160,166,759
Premium payments	6,315,120
Administrative expenses	<u>8,199,938</u>
<b>Total deductions</b>	<u>174,681,817</u>

**Net increase** 2,397,162

Net assets available for benefits

Beginning of year	<u>10,921,162</u>
<b>End of year</b>	<u><u>\$ 13,318,324</u></u>

See accompanying notes to the financial statements.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Statements of Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Current claims and benefits</b>		
Health claims payable	\$ 3,601,328	\$ 7,153,882
Premiums payable	1,097,594	-
Health claims incurred but not reported	14,914,123	16,811,238
<b>Total current claims and benefits</b>	<u>19,613,045</u>	<u>23,965,120</u>
Postemployment benefit obligations for long-term disability, net of current claims and benefits	2,942,000	2,668,000
<b>Total benefit obligations</b>	<u><u>\$ 22,555,045</u></u>	<u><u>\$ 26,633,120</u></u>

See accompanying notes to the financial statements.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Statement of Changes in Benefit Obligations

For the Year Ended December 31, 2024

### Current claims and benefits

Balance at beginning of year	\$ 23,965,120
Increase (decrease) in current claims and benefits attributable to:	
Claims and benefits reported and approved for payment, including benefits reclassified from benefit obligations	162,129,804
Claims and benefits paid	<u>(166,481,879)</u>
<b>Balance at end of year</b>	<u>19,613,045</u>

### Postemployment benefit obligations for long-term disability net of current claims and benefits

Balance at beginning of year	2,668,000
Benefits earned and other changes	129,610
Interest	113,390
Changes in actuarial assumptions	<u>31,000</u>
<b>Balance at end of year</b>	<u>2,942,000</u>

<b>Total benefit obligations at end of year</b>	<u><u>\$ 22,555,045</u></u>
---	-----------------------------

See accompanying notes to the financial statements.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN

The following description of the Lincoln National Corporation Employees' Life, Health and Accident Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan may be amended periodically in order to comply with changes in applicable laws and to make changes in Plan administration. The Plan is administered by the Lincoln National Corporation Benefits Committee (the Plan Administrator). Principal Bank (the Trustee) provides trust and recordkeeping services for the Plan.

**Benefits** - The Plan provides health (medical, dental, prescription drug and vision) and death (life insurance and accidental death and dismemberment) benefits to all full-time and eligible part-time employees of Lincoln National Corporation (the Plan Sponsor) and participating affiliates on a contributory basis.

The Plan also provides a continuation of health coverage as required under the Consolidated Omnibus Budget Reconciliation Act (COBRA) to participants and beneficiaries who experience a COBRA qualifying event. In addition to the self-insured portion of the Plan, certain participants are also offered a regional option for coverage of certain health benefits by health maintenance organizations.

Effective January 1, 2023, the Plan offers a waiver of premium for basic life and supplemental group life insurance for employees approved for long-term disability.

**Contributions** - Participants and the Plan Sponsor contribute specified amounts based on applicable premiums for participants' elected benefit coverage. Should such contributions not be sufficient to cover the benefits payable pursuant to the Plan, the Plan Sponsor shall contribute amounts necessary to provide for all such benefits.

### 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein. Actual results could differ from those estimates.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

**Investment valuation and income recognition** - The Plan's investments are held and administered by the Trustee and reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned.

**Payment of claims and premiums** - Claims and premium payments are recorded when paid.

**Expenses** - The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements.

**Claims incurred but not reported** - The obligations for health claims incurred but not reported are determined by using such factors as the previous year's claim experience and the level of claims in the current year. The estimates are annually reviewed and adjusted as necessary as new information becomes known and are included in the accompanying Statement of Changes in Benefit Obligations.

**Rebates** - Rebates from prescription drug programs are recorded when earned from the provider and netted with claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

**Health savings account** - The Plan's health savings account and associated activity is excluded from the Plan's financial statements as the Plan is not obligated to pay the benefit.

**Subsequent events** - Subsequent events were evaluated through October 6, 2025, the date the financial statements were available to be issued.

### 3. POSTEMPLOYMENT BENEFIT OBLIGATIONS

The postemployment benefit obligations represent the actuarial present value of those future benefits that are attributed to Plan participants on long-term disability leave as of December 31, 2024 and 2023. The discount rate used for the postemployment benefit obligation was 3.86% and 4.25% as of December 31, 2024 and 2023, respectively. The health care cost trend rate was 7.35% and 7.50% for December 31, 2024 and 2023, respectively, with an ultimate trend rate of 4.50% by 2035. The mortality assumptions as of December 31, 2024 and 2023, were based on the Pri-2012 Total Employee and Healthy Annuitant Mortality tables projected with Mortality Improvement Scale O2-2021.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

The foregoing assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postemployment benefit obligations.

The Plan's deficiency of net assets over benefit obligations as of December 31, 2024 and 2023, was related to the postemployment benefit obligations, claims incurred but not reported, and claims payable. The deficiency will be funded through future contributions from participants and the Plan Sponsor.

#### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation technique used for assets measured at fair value. There have been no changes in the technique used as of December 31, 2024 and 2023.

*Interest-bearing cash:* These investments are stated at cost, which approximates fair value.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

### Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 3,299,955	\$ -	\$ 3,299,955
<b>Total investments at fair value</b>	<b>\$ -</b>	<b>\$ 3,299,955</b>	<b>\$ -</b>	<b>\$ 3,299,955</b>

### Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 2,265,756	\$ -	\$ 2,265,756
<b>Total investments at fair value</b>	<b>\$ -</b>	<b>\$ 2,265,756</b>	<b>\$ -</b>	<b>\$ 2,265,756</b>

## 5. INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Principal Bank, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, and the information reported in the Supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024.

## 6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

The Plan Sponsor provides death and vision benefits on an insured basis and administers dental benefits. During the year ended December 31, 2024, payments to the Plan Sponsor amounted to \$14,447,567, consisting of \$7,764,473 in health claims, \$6,315,120 in insurance premiums and \$367,974 in administrative expenses. The Plan has premiums payable and claims payable due to the Plan Sponsor in the amounts of \$1,097,594 and \$575,579, respectively, as of December 31, 2024, and \$0 and \$690,928, respectively, as of December 31, 2023, reported on the Statements of Benefit Obligations. The Plan additionally has administrative expenses payable due to the Plan Sponsor in the amount of \$31,675 and \$0, reported on the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, respectively.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### 8. TAX STATUS

The trust funding the Plan received an exemption letter from the Internal Revenue Service (IRS) dated December 4, 1984, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (the Code) as a Voluntary Employee Beneficiary Association. The Plan and trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Plan Administrator and the Plan's tax counsel believe the Plan is being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax period in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to the applicable statute of limitations.

### 9. RISKS AND UNCERTAINTIES

The Plan holds cash and invested cash accounts with a financial institution that are not insured by the Federal Deposit Insurance Corporation or any federal government agency. Plan management periodically evaluates the balance and believes accounts do not pose a financial risk to the Plan.

### 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements as of December 31, 2024 and 2023, to Form 5500:

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$ 13,318,324	\$ 10,921,162
Less: health claims payable	3,601,328	7,153,882
Less: premiums payable	1,097,594	-
Less: health claims incurred but not reported	14,914,123	16,811,238
<b>Net assets available for benefits per Form 5500</b>	<b>\$ (6,294,721)</b>	<b>\$ (13,043,958)</b>

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

The following is a reconciliation of claims paid per the financial statements for the year ended December 31, 2024, to Form 5500:

Health claims paid per the financial statements	\$ 160,166,759
Add: current-year health claims payable, and incurred but not reported	18,515,451
Less: prior-year health claims payable and incurred but not reported	<u>23,965,120</u>
<b>Health claims paid per Form 5500</b>	<b><u>\$ 154,717,090</u></b>

The following is a reconciliation of premiums paid per the financial statements for the year ended December 31, 2024 to Form 5500:

Premiums paid per the financial statements	\$ 6,315,120
Add: current-year premiums payable	<u>1,097,594</u>
<b>Premiums paid per Form 5500</b>	<b><u>\$ 7,412,714</u></b>

Health claims incurred but not reported, health claims payable and premiums payable are reflected as current liabilities for Form 5500 purposes, but are reported as benefit obligations in accordance with U.S. GAAP. The change in health claims incurred but not reported and health claims payable is reported as benefits paid to participants on the Form 5500. The postemployment benefit obligations that are reported as part of the total benefit obligations in accordance with U.S. GAAP are not required to be reported on the Form 5500.

## **Supplemental Schedules**

# Lincoln National Corporation Employees' Life, Health and Accident Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Principal Trust Company	Collateralized Institutional Bank Deposit Account (CIBDA)	\$ 3,299,955	\$ 3,299,955

\*Denotes a party in interest.

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Category (i) - Single transactions in excess of 5% of Plan assets						
Principal Trust Company	CIBDA	\$ 6,423,757	\$ -	\$ 6,423,757	\$ 6,423,757	\$ -
Principal Trust Company	CIBDA	6,500,000	-	6,500,000	6,500,000	-
Principal Trust Company	CIBDA	4,335,638	-	4,335,638	4,335,638	-
Principal Trust Company	CIBDA	4,108,130	-	4,108,130	4,108,130	-
Principal Trust Company	CIBDA	252,690	-	252,690	252,690	-
Principal Trust Company	CIBDA	6,375,473	-	6,375,473	6,375,473	-
Principal Trust Company	CIBDA	2,866,775	-	2,866,775	2,866,775	-
Principal Trust Company	CIBDA	6,395,047	-	6,395,047	6,395,047	-
Principal Trust Company	CIBDA	6,338,244	-	6,338,244	6,338,244	-
Principal Trust Company	CIBDA	6,902,566	-	6,902,566	6,902,566	-
Principal Trust Company	CIBDA	4,636,337	-	4,636,337	4,636,337	-
Principal Trust Company	CIBDA	6,436,375	-	6,436,375	6,436,375	-
Principal Trust Company	CIBDA	1,284,617	-	1,284,617	1,284,617	-
Principal Trust Company	CIBDA	6,006,328	-	6,006,328	6,006,328	-
Principal Trust Company	CIBDA	277,541	-	277,541	277,541	-
Principal Trust Company	CIBDA	10,272,353	-	10,272,353	10,272,353	-
Principal Trust Company	CIBDA	250,000	-	250,000	250,000	-
Principal Trust Company	CIBDA	1,271,558	-	1,271,558	1,271,558	-
Principal Trust Company	CIBDA	2,865,309	-	2,865,309	2,865,309	-
Principal Trust Company	CIBDA	5,675,920	-	5,675,920	5,675,920	-
Principal Trust Company	CIBDA	210,478	-	210,478	210,478	-
Principal Trust Company	CIBDA	5,696,168	-	5,696,168	5,696,168	-
Principal Trust Company	CIBDA	668,337	-	668,337	668,337	-
Principal Trust Company	CIBDA	5,698,553	-	5,698,553	5,698,553	-
Principal Trust Company	CIBDA	5,696,783	-	5,696,783	5,696,783	-
Principal Trust Company	CIBDA	2,834,655	-	2,834,655	2,834,655	-
Principal Trust Company	CIBDA	4,546,369	-	4,546,369	4,546,369	-
Principal Trust Company	CIBDA	200,507	-	200,507	200,507	-
Principal Trust Company	CIBDA	5,704,676	-	5,704,676	5,704,676	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	\$ 3,566,345	\$ -	\$ 3,566,345	\$ 3,566,345	\$ -
Principal Trust Company	CIBDA	2,031,893	-	2,031,893	2,031,893	-
Principal Trust Company	CIBDA	5,675,009	-	5,675,009	5,675,009	-
Principal Trust Company	CIBDA	596,999	-	596,999	596,999	-
Principal Trust Company	CIBDA	5,690,222	-	5,690,222	5,690,222	-
Principal Trust Company	CIBDA	5,661,515	-	5,661,515	5,661,515	-
Principal Trust Company	CIBDA	180,460	-	180,460	180,460	-
Principal Trust Company	CIBDA	5,676,245	-	5,676,245	5,676,245	-
Principal Trust Company	CIBDA	5,670,714	-	5,670,714	5,670,714	-
Principal Trust Company	CIBDA	149,002	-	149,002	149,002	-
Principal Trust Company	CIBDA	166,145	-	166,145	166,145	-
Principal Trust Company	CIBDA	3,411,800	-	3,411,800	3,411,800	-
Principal Trust Company	CIBDA	5,648,293	-	5,648,293	5,648,293	-
Principal Trust Company	CIBDA	4,091,496	-	4,091,496	4,091,496	-
Principal Trust Company	CIBDA	398,956	-	398,956	398,956	-
Principal Trust Company	CIBDA	518,345	-	518,345	518,345	-
Principal Trust Company	CIBDA	3,100,000	-	3,100,000	3,100,000	-
Principal Trust Company	CIBDA	214,106	-	214,106	214,106	-
Principal Trust Company	CIBDA	-	5,636,293	5,636,293	5,636,293	-
Principal Trust Company	CIBDA	-	2,179,134	2,179,134	2,179,134	-
Principal Trust Company	CIBDA	-	995,878	995,878	995,878	-
Principal Trust Company	CIBDA	-	3,662,900	3,662,900	3,662,900	-
Principal Trust Company	CIBDA	-	2,230,747	2,230,747	2,230,747	-
Principal Trust Company	CIBDA	-	2,435,271	2,435,271	2,435,271	-
Principal Trust Company	CIBDA	-	1,941,573	1,941,573	1,941,573	-
Principal Trust Company	CIBDA	-	416,506	416,506	416,506	-
Principal Trust Company	CIBDA	-	2,407,209	2,407,209	2,407,209	-
Principal Trust Company	CIBDA	-	3,348,288	3,348,288	3,348,288	-
Principal Trust Company	CIBDA	-	2,523,085	2,523,085	2,523,085	-
Principal Trust Company	CIBDA	-	3,228,004	3,228,004	3,228,004	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	\$ -	\$ 135,460	\$ 135,460	\$ 135,460	\$ -
Principal Trust Company	CIBDA	-	199,502	199,502	199,502	-
Principal Trust Company	CIBDA	-	1,998,212	1,998,212	1,998,212	-
Principal Trust Company	CIBDA	-	4,055,378	4,055,378	4,055,378	-
Principal Trust Company	CIBDA	-	5,395,722	5,395,722	5,395,722	-
Principal Trust Company	CIBDA	-	919,304	919,304	919,304	-
Principal Trust Company	CIBDA	-	2,111,430	2,111,430	2,111,430	-
Principal Trust Company	CIBDA	-	2,545,193	2,545,193	2,545,193	-
Principal Trust Company	CIBDA	-	1,308,682	1,308,682	1,308,682	-
Principal Trust Company	CIBDA	-	4,610,302	4,610,302	4,610,302	-
Principal Trust Company	CIBDA	-	2,465,926	2,465,926	2,465,926	-
Principal Trust Company	CIBDA	-	903,111	903,111	903,111	-
Principal Trust Company	CIBDA	-	2,462,323	2,462,323	2,462,323	-
Principal Trust Company	CIBDA	-	119,669	119,669	119,669	-
Principal Trust Company	CIBDA	-	1,740,937	1,740,937	1,740,937	-
Principal Trust Company	CIBDA	-	1,980,186	1,980,186	1,980,186	-
Principal Trust Company	CIBDA	-	2,224,076	2,224,076	2,224,076	-
Principal Trust Company	CIBDA	-	2,428,263	2,428,263	2,428,263	-
Principal Trust Company	CIBDA	-	3,083,853	3,083,853	3,083,853	-
Principal Trust Company	CIBDA	-	955,050	955,050	955,050	-
Principal Trust Company	CIBDA	-	1,005,761	1,005,761	1,005,761	-
Principal Trust Company	CIBDA	-	1,933,978	1,933,978	1,933,978	-
Principal Trust Company	CIBDA	-	1,143,496	1,143,496	1,143,496	-
Principal Trust Company	CIBDA	-	2,335,017	2,335,017	2,335,017	-
Principal Trust Company	CIBDA	-	2,440,129	2,440,129	2,440,129	-
Principal Trust Company	CIBDA	-	3,608,722	3,608,722	3,608,722	-
Principal Trust Company	CIBDA	-	1,999,966	1,999,966	1,999,966	-
Principal Trust Company	CIBDA	-	816,203	816,203	816,203	-
Principal Trust Company	CIBDA	-	1,301,240	1,301,240	1,301,240	-
Principal Trust Company	CIBDA	-	2,428,314	2,428,314	2,428,314	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	\$ -	\$ 1,824,253	\$ 1,824,253	\$ 1,824,253	\$ -
Principal Trust Company	CIBDA	-	1,349,305	1,349,305	1,349,305	-
Principal Trust Company	CIBDA	-	3,017,063	3,017,063	3,017,063	-
Principal Trust Company	CIBDA	-	2,029,906	2,029,906	2,029,906	-
Principal Trust Company	CIBDA	-	795,331	795,331	795,331	-
Principal Trust Company	CIBDA	-	2,941,117	2,941,117	2,941,117	-
Principal Trust Company	CIBDA	-	2,656,131	2,656,131	2,656,131	-
Principal Trust Company	CIBDA	-	2,271,592	2,271,592	2,271,592	-
Principal Trust Company	CIBDA	-	2,747,467	2,747,467	2,747,467	-
Principal Trust Company	CIBDA	-	554,939	554,939	554,939	-
Principal Trust Company	CIBDA	-	844,574	844,574	844,574	-
Principal Trust Company	CIBDA	-	1,666,799	1,666,799	1,666,799	-
Principal Trust Company	CIBDA	-	254,357	254,357	254,357	-
Principal Trust Company	CIBDA	-	2,083,017	2,083,017	2,083,017	-
Principal Trust Company	CIBDA	-	1,220,776	1,220,776	1,220,776	-
Principal Trust Company	CIBDA	-	2,288,681	2,288,681	2,288,681	-
Principal Trust Company	CIBDA	-	2,820,984	2,820,984	2,820,984	-
Principal Trust Company	CIBDA	-	177,523	177,523	177,523	-
Principal Trust Company	CIBDA	-	1,983,276	1,983,276	1,983,276	-
Principal Trust Company	CIBDA	-	1,848,404	1,848,404	1,848,404	-
Principal Trust Company	CIBDA	-	1,148,878	1,148,878	1,148,878	-
Principal Trust Company	CIBDA	-	515,234	515,234	515,234	-
Principal Trust Company	CIBDA	-	4,779,130	4,779,130	4,779,130	-
Principal Trust Company	CIBDA	-	515,213	515,213	515,213	-
Principal Trust Company	CIBDA	-	2,807,450	2,807,450	2,807,450	-
Principal Trust Company	CIBDA	-	408,857	408,857	408,857	-
Principal Trust Company	CIBDA	-	1,127,482	1,127,482	1,127,482	-
Principal Trust Company	CIBDA	-	2,333,202	2,333,202	2,333,202	-
Principal Trust Company	CIBDA	-	2,411,276	2,411,276	2,411,276	-
Principal Trust Company	CIBDA	-	1,159,438	1,159,438	1,159,438	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	\$ -	\$ 511,755	\$ 511,755	\$ 511,755	\$ -
Principal Trust Company	CIBDA	-	2,686,514	2,686,514	2,686,514	-
Principal Trust Company	CIBDA	-	4,408,881	4,408,881	4,408,881	-
Principal Trust Company	CIBDA	-	2,493,194	2,493,194	2,493,194	-
Principal Trust Company	CIBDA	-	249,971	249,971	249,971	-
Principal Trust Company	CIBDA	-	2,509,400	2,509,400	2,509,400	-
Principal Trust Company	CIBDA	-	1,301,537	1,301,537	1,301,537	-
Principal Trust Company	CIBDA	-	2,507,428	2,507,428	2,507,428	-
Principal Trust Company	CIBDA	-	949,930	949,930	949,930	-
Principal Trust Company	CIBDA	-	2,447,904	2,447,904	2,447,904	-
Principal Trust Company	CIBDA	-	733,337	733,337	733,337	-
Principal Trust Company	CIBDA	-	4,474,286	4,474,286	4,474,286	-
Principal Trust Company	CIBDA	-	2,924,823	2,924,823	2,924,823	-
Category (iii) - Series of transactions in excess of 5% of Plan assets						
Principal Trust Company	CIBDA	\$ 173,805,061	\$ -	\$ 173,805,061	\$ 173,805,061	\$ -
Principal Trust Company	CIBDA	-	172,770,868	172,770,868	172,770,868	-

Sections (e) and (f) are not applicable

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase price	Selling price	Cost	Current value	Net gain/(loss)
Category (i) - Single transactions in excess of 5% of Plan assets						
	Principal Trust Company	\$ 6,423,757	\$ -	\$ 6,423,757	\$ 6,423,757	\$ -
	Principal Trust Company	6,500,000	-	6,500,000	6,500,000	-
	Principal Trust Company	4,335,638	-	4,335,638	4,335,638	-
	Principal Trust Company	4,108,130	-	4,108,130	4,108,130	-
	Principal Trust Company	252,690	-	252,690	252,690	-
	Principal Trust Company	6,375,473	-	6,375,473	6,375,473	-
	Principal Trust Company	2,866,775	-	2,866,775	2,866,775	-
	Principal Trust Company	6,395,047	-	6,395,047	6,395,047	-
	Principal Trust Company	6,338,244	-	6,338,244	6,338,244	-
	Principal Trust Company	6,902,566	-	6,902,566	6,902,566	-
	Principal Trust Company	4,636,337	-	4,636,337	4,636,337	-
	Principal Trust Company	6,436,375	-	6,436,375	6,436,375	-
	Principal Trust Company	1,284,617	-	1,284,617	1,284,617	-
	Principal Trust Company	6,006,328	-	6,006,328	6,006,328	-
	Principal Trust Company	277,541	-	277,541	277,541	-
	Principal Trust Company	10,272,353	-	10,272,353	10,272,353	-
	Principal Trust Company	250,000	-	250,000	250,000	-
	Principal Trust Company	1,271,558	-	1,271,558	1,271,558	-
	Principal Trust Company	2,865,309	-	2,865,309	2,865,309	-
	Principal Trust Company	5,675,920	-	5,675,920	5,675,920	-
	Principal Trust Company	210,478	-	210,478	210,478	-
	Principal Trust Company	5,696,168	-	5,696,168	5,696,168	-
	Principal Trust Company	668,337	-	668,337	668,337	-
	Principal Trust Company	5,698,553	-	5,698,553	5,698,553	-
	Principal Trust Company	5,696,783	-	5,696,783	5,696,783	-
	Principal Trust Company	2,834,655	-	2,834,655	2,834,655	-
	Principal Trust Company	4,546,369	-	4,546,369	4,546,369	-
	Principal Trust Company	200,507	-	200,507	200,507	-
	Principal Trust Company	5,704,676	-	5,704,676	5,704,676	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase price	Selling price	Cost	Current value	Net gain/(loss)
	Principal Trust Company	\$ 3,566,345	\$ -	\$ 3,566,345	\$ 3,566,345	\$ -
	Principal Trust Company	2,031,893	-	2,031,893	2,031,893	-
	Principal Trust Company	5,675,009	-	5,675,009	5,675,009	-
	Principal Trust Company	596,999	-	596,999	596,999	-
	Principal Trust Company	5,690,222	-	5,690,222	5,690,222	-
	Principal Trust Company	5,661,515	-	5,661,515	5,661,515	-
	Principal Trust Company	180,460	-	180,460	180,460	-
	Principal Trust Company	5,676,245	-	5,676,245	5,676,245	-
	Principal Trust Company	5,670,714	-	5,670,714	5,670,714	-
	Principal Trust Company	149,002	-	149,002	149,002	-
	Principal Trust Company	166,145	-	166,145	166,145	-
	Principal Trust Company	3,411,800	-	3,411,800	3,411,800	-
	Principal Trust Company	5,648,293	-	5,648,293	5,648,293	-
	Principal Trust Company	4,091,496	-	4,091,496	4,091,496	-
	Principal Trust Company	398,956	-	398,956	398,956	-
	Principal Trust Company	518,345	-	518,345	518,345	-
	Principal Trust Company	3,100,000	-	3,100,000	3,100,000	-
	Principal Trust Company	214,106	-	214,106	214,106	-
	Principal Trust Company	-	5,636,293	5,636,293	5,636,293	-
	Principal Trust Company	-	2,179,134	2,179,134	2,179,134	-
	Principal Trust Company	-	995,878	995,878	995,878	-
	Principal Trust Company	-	3,662,900	3,662,900	3,662,900	-
	Principal Trust Company	-	2,230,747	2,230,747	2,230,747	-
	Principal Trust Company	-	2,435,271	2,435,271	2,435,271	-
	Principal Trust Company	-	1,941,573	1,941,573	1,941,573	-
	Principal Trust Company	-	416,506	416,506	416,506	-
	Principal Trust Company	-	2,407,209	2,407,209	2,407,209	-
	Principal Trust Company	-	3,348,288	3,348,288	3,348,288	-
	Principal Trust Company	-	2,523,085	2,523,085	2,523,085	-
	Principal Trust Company	-	3,228,004	3,228,004	3,228,004	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase price	Selling price	Cost	Current value	Net gain/(loss)
		\$	\$	\$	\$	\$
	Principal Trust Company	-	135,460	135,460	135,460	-
	Principal Trust Company	-	199,502	199,502	199,502	-
	Principal Trust Company	-	1,998,212	1,998,212	1,998,212	-
	Principal Trust Company	-	4,055,378	4,055,378	4,055,378	-
	Principal Trust Company	-	5,395,722	5,395,722	5,395,722	-
	Principal Trust Company	-	919,304	919,304	919,304	-
	Principal Trust Company	-	2,111,430	2,111,430	2,111,430	-
	Principal Trust Company	-	2,545,193	2,545,193	2,545,193	-
	Principal Trust Company	-	1,308,682	1,308,682	1,308,682	-
	Principal Trust Company	-	4,610,302	4,610,302	4,610,302	-
	Principal Trust Company	-	2,465,926	2,465,926	2,465,926	-
	Principal Trust Company	-	903,111	903,111	903,111	-
	Principal Trust Company	-	2,462,323	2,462,323	2,462,323	-
	Principal Trust Company	-	119,669	119,669	119,669	-
	Principal Trust Company	-	1,740,937	1,740,937	1,740,937	-
	Principal Trust Company	-	1,980,186	1,980,186	1,980,186	-
	Principal Trust Company	-	2,224,076	2,224,076	2,224,076	-
	Principal Trust Company	-	2,428,263	2,428,263	2,428,263	-
	Principal Trust Company	-	3,083,853	3,083,853	3,083,853	-
	Principal Trust Company	-	955,050	955,050	955,050	-
	Principal Trust Company	-	1,005,761	1,005,761	1,005,761	-
	Principal Trust Company	-	1,933,978	1,933,978	1,933,978	-
	Principal Trust Company	-	1,143,496	1,143,496	1,143,496	-
	Principal Trust Company	-	2,335,017	2,335,017	2,335,017	-
	Principal Trust Company	-	2,440,129	2,440,129	2,440,129	-
	Principal Trust Company	-	3,608,722	3,608,722	3,608,722	-
	Principal Trust Company	-	1,999,966	1,999,966	1,999,966	-
	Principal Trust Company	-	816,203	816,203	816,203	-
	Principal Trust Company	-	1,301,240	1,301,240	1,301,240	-
	Principal Trust Company	-	2,428,314	2,428,314	2,428,314	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase price	Selling price	Cost	Current value	Net gain/(loss)
		\$	\$	\$	\$	\$
	Principal Trust Company	-	1,824,253	1,824,253	1,824,253	-
	Principal Trust Company	-	1,349,305	1,349,305	1,349,305	-
	Principal Trust Company	-	3,017,063	3,017,063	3,017,063	-
	Principal Trust Company	-	2,029,906	2,029,906	2,029,906	-
	Principal Trust Company	-	795,331	795,331	795,331	-
	Principal Trust Company	-	2,941,117	2,941,117	2,941,117	-
	Principal Trust Company	-	2,656,131	2,656,131	2,656,131	-
	Principal Trust Company	-	2,271,592	2,271,592	2,271,592	-
	Principal Trust Company	-	2,747,467	2,747,467	2,747,467	-
	Principal Trust Company	-	554,939	554,939	554,939	-
	Principal Trust Company	-	844,574	844,574	844,574	-
	Principal Trust Company	-	1,666,799	1,666,799	1,666,799	-
	Principal Trust Company	-	254,357	254,357	254,357	-
	Principal Trust Company	-	2,083,017	2,083,017	2,083,017	-
	Principal Trust Company	-	1,220,776	1,220,776	1,220,776	-
	Principal Trust Company	-	2,288,681	2,288,681	2,288,681	-
	Principal Trust Company	-	2,820,984	2,820,984	2,820,984	-
	Principal Trust Company	-	177,523	177,523	177,523	-
	Principal Trust Company	-	1,983,276	1,983,276	1,983,276	-
	Principal Trust Company	-	1,848,404	1,848,404	1,848,404	-
	Principal Trust Company	-	1,148,878	1,148,878	1,148,878	-
	Principal Trust Company	-	515,234	515,234	515,234	-
	Principal Trust Company	-	4,779,130	4,779,130	4,779,130	-
	Principal Trust Company	-	515,213	515,213	515,213	-
	Principal Trust Company	-	2,807,450	2,807,450	2,807,450	-
	Principal Trust Company	-	408,857	408,857	408,857	-
	Principal Trust Company	-	1,127,482	1,127,482	1,127,482	-
	Principal Trust Company	-	2,333,202	2,333,202	2,333,202	-
	Principal Trust Company	-	2,411,276	2,411,276	2,411,276	-
	Principal Trust Company	-	1,159,438	1,159,438	1,159,438	-

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
	\$	-	\$	\$	\$	\$
	Principal Trust Company		511,755	511,755	511,755	-
	Principal Trust Company		2,686,514	2,686,514	2,686,514	-
	Principal Trust Company		4,408,881	4,408,881	4,408,881	-
	Principal Trust Company		2,493,194	2,493,194	2,493,194	-
	Principal Trust Company		249,971	249,971	249,971	-
	Principal Trust Company		2,509,400	2,509,400	2,509,400	-
	Principal Trust Company		1,301,537	1,301,537	1,301,537	-
	Principal Trust Company		2,507,428	2,507,428	2,507,428	-
	Principal Trust Company		949,930	949,930	949,930	-
	Principal Trust Company		2,447,904	2,447,904	2,447,904	-
	Principal Trust Company		733,337	733,337	733,337	-
	Principal Trust Company		4,474,286	4,474,286	4,474,286	-
	Principal Trust Company		2,924,823	2,924,823	2,924,823	-
	Category (ii) - Series of transactions in excess of 5% of Plan assets					
	Principal Trust Company	\$ 173,805,061	-	\$ 173,805,061	\$ 173,805,061	\$ -
	Principal Trust Company	-	172,770,868	172,770,868	172,770,868	-

Sections (e) and (f) are not applicable

See independent auditor's report.

# Lincoln National Corporation Employees' Life, Health and Accident Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 35-1140070, Plan Number: 501

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Principal Trust Company	Collateralized Institutional Bank Deposit Account (CIBDA)	\$ 3,299,955	\$ 3,299,955

\*Denotes a party in interest.

See independent auditor's report.