Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/20/1918

2a 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)
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

150 N RADNOR CHESTER RD
MAIL STOP D2-210
RADNOR, PA 19087

2b Employer Identification Number (EIN)
35-1140070

2c Plan Sponsor's telephone number
484-583-9094

2d Business code (see instructions)
551112

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	EMILY LONGWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

LINCOLN NATIONAL CORPORATION BENEFITS COMMITTEE

150 N RADNOR CHESTER RD
MAIL STOP D2-210
RADNOR, PA 19087

3b Administrator's EIN: 35-1620788

3c Administrator's telephone number: 484-583-9094

4 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:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9767
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	9767
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9366
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9366
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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)

a Pension Schedules

- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 4
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D Employer Identification Number (EIN)
35-1140070

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	9366	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	144634

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	
	144634	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.

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

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	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [X] 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:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	6404431
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.			10b	

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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D Employer Identification Number (EIN)
35-1140070

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	7021	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	(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	

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(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.

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

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	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [X] 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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	820775
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.			**10b**	

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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D Employer Identification Number (EIN)
35-1140070

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	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	(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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(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.

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

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	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
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.			**10b**	

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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D Employer Identification Number (EIN)
35-1140070

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) 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
06-6033492	60054	160991	7931	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	(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.

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

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	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	411685
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.			10b	

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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D 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

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(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	2027904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	1991215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIDA HEALTH, INC

90-0914836

(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	1013220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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	988238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	649862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	369909	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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	943076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	298232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LYRA HEALTH, INC

47-2935915

(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	238417	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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	107865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	78101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	38476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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	30975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** 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.

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** 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)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LINCOLN NATIONAL CORPORATION EMPLOYEES LIFE, HEALTH & ACCIDENT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
LINCOLN NATIONAL CORPORATION C/O HEALTH & WELFARE BENEFITS

D Employer Identification Number (EIN)
35-1140070

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8106	6001
(2) Participant contributions	1b(2)	179943	92587
(3) Other	1b(3)	10259175	10685054
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3299955	16004806
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	13747179	26788448
Liabilities			
1g Benefit claims payable	1g	19613045	22311311
1h Operating payables	1h	428855	464847
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	20041900	22776158
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	-6294721	4012290

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	130780831	
(B) Participants	2a(1)(B)	44350074	
(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)		175130905
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	360096	
(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)		360096
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		175491001
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148885325	
(2) To insurance carriers for the provision of benefits	2e(2)	7382752	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		156268077
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8915913	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		8915913
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		165183990
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10307011
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) [X] 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) [X] 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
a 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.)	4a		X	
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.)	4b		X	
c 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.)	4c		X	
d 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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g 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?	4g		X	
h 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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j 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.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n 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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** 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, 2025 and 2024

Lincoln National Corporation Employees' Life, Health and Accident Plan

December 31, 2025 and 2024

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Citrin Cooperman & Company, LLP
Certified Public Accountants

1800 JFK Boulevard
Philadelphia, PA 19103
T 215.545.4800 **F** 215.545.4810
citrincooperman.com

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, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

- 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.

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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.

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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, 2025, 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.

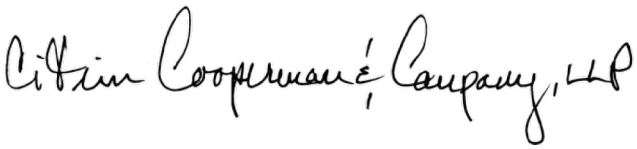
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

- 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 9, 2026

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Lincoln National Corporation Employees' Life, Health and Accident Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Cash and invested cash	$ 16,004,806	$ 3,299,955
Receivables		
Participants' contributions	92,587	179,943
Plan Sponsor contributions	6,001	8,106
Accrued income	28,447	14,520
Pharmacy rebates	10,656,607	10,244,655
Total receivables	10,783,642	10,447,224
Total assets	26,788,448	13,747,179
Liabilities		
Administrative expenses payable	464,847	428,855
Net assets available for benefits	$ 26,323,601	$ 13,318,324

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, 2025

Additions		
Interest income	$	360,096
Participants' contributions		44,350,074
Plan Sponsor contributions		130,780,831
Total additions		175,491,001
Deductions		
Payment for health claims, net		146,231,774
Premium payments		7,338,037
Administrative expenses		8,915,913
Total deductions		162,485,724
Net increase		13,005,277
Net assets available for benefits		
Beginning of year		13,318,324
End of year	$	26,323,601

See accompanying notes to the financial statements.

Lincoln National Corporation Employees' Life, Health and Accident Plan

Statements of Benefit Obligations

December 31, 2025 and 2024

	2025	2024
Current claims and benefits		
Health claims payable	$ 3,722,139	$ 3,601,328
Premiums payable	1,142,309	1,097,594
Health claims incurred but not reported	17,446,863	14,914,123
Total current claims and benefits	22,311,311	19,613,045
Postemployment benefit obligations for long-term disability, net of current claims and benefits	2,977,000	2,942,000
Total benefit obligations	$ 25,288,311	$ 22,555,045

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, 2025

Current claims and benefits	
Balance at beginning of year	$ 19,613,045
Increase (decrease) in claims and benefits attributable to:	
Claims and benefits reported and approved for payment, including benefits reclassified from benefit obligations	156,268,077
Claims and benefits paid	(153,569,811)
Balance at end of year	22,311,311
Postemployment benefit obligations for long-term disability, net of current claims and benefits	
Balance at beginning of year	2,942,000
Increase (decrease) in claims and benefits attributable to:	
Benefits earned and other changes	(140,561)
Interest	113,561
Changes in actuarial assumptions	62,000
Balance at end of year	2,977,000
Total benefit obligations at end of year	$ 25,288,311

See accompanying notes to the financial statements.

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.

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.

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.

Stop-loss coverage - The Plan entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits. Payments for stop-loss insurance are included in administrative expenses in the accompanying Statement of Changes in Net Assets Available for Benefits. Stop-loss refunds totaling $1,871,825 have been netted with claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

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.

Contributions - Contributions from participants are recorded in the year in which the related participant contributions are withheld from compensation. Contributions from the Plan Sponsor are recorded when earned.

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 9, 2026, 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, 2025 and 2024. The discount rate used for the postemployment benefit obligation was 3.57% and 3.86% as of December 31, 2025 and 2024, respectively. The health care cost trend rate was 8.25% and 7.35% for December 31, 2025 and 2024, respectively, with an ultimate trend rate of 4.50% by 2035. The mortality assumptions as of December 31, 2025 and 2024, were based on the Pri-2012 Total Employee and Healthy Annuitant Mortality tables projected with Mortality Improvement Scale O2-2021.

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.

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 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, 2025 and 2024.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 16,004,806	$ -	$ -	$ 16,004,806
Total investments at fair value	$ 16,004,806	$ -	$ -	$ 16,004,806

December 31, 2024	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 3,299,955	$ -	$ -	$ 3,299,955
Total investments at fair value	$ 3,299,955	$ -	$ -	$ 3,299,955

5. INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected to have audits performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Principal Bank, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including interest income) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying Supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

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, 2025, payments to the Plan Sponsor amounted to $14,279,069, consisting of $7,668,717 in health claims, $6,240,443 in insurance premiums and $369,909 in administrative expenses. The Plan has premiums payable and claims payable due to the Plan Sponsor in the amounts of $1,142,309 and $593,904, respectively, as of December 31, 2025, and $1,097,594 and $575,579, respectively, as of December 31, 2024, reported on the Statements of Benefit Obligations. The Plan additionally has administrative expenses payable due to the Plan Sponsor in the amounts of $30,251 and $31,675, reported on the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, respectively.

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, 2025 and 2024, 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, 2025 and 2024, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 26,323,601	$ 13,318,324
Less: health claims payable	(3,722,139)	(3,601,328)
Less: premiums payable	(1,142,309)	(1,097,594)
Less: health claims incurred but not reported	(17,446,863)	(14,914,123)
Net assets available for benefits per Form 5500	$ 4,012,290	$ (6,294,721)

The following is a reconciliation of health claims paid per the financial statements for the year ended December 31, 2025, to Form 5500:

Health claims paid per the financial statements	$ 146,231,774
Add: current-year health claims payable and incurred but not reported	21,169,002
Less: prior-year health claims payable and incurred but not reported	(18,515,451)
Health claims paid per Form 5500	$ 148,885,325

The following is a reconciliation of premiums paid per the financial statements for the year ended December 31, 2025, to Form 5500:

Premiums paid per the financial statements	$ 7,338,037
Add: current-year premiums payable	1,142,309
Less: prior-year premiums payable	(1,097,594)
Premiums paid per Form 5500	$ 7,382,752

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, 2025

(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)	$ 16,004,806	$ 16,004,806

*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

For the Year Ended December 31, 2025

(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	$ 5,806,477	$ -	$ 5,806,477	$ 5,806,477	$ -
Principal Trust Company	CIBDA	2,277,141	-	2,277,141	2,277,141	-
Principal Trust Company	CIBDA	4,462,667	-	4,462,667	4,462,667	-
Principal Trust Company	CIBDA	6,504,356	-	6,504,356	6,504,356	-
Principal Trust Company	CIBDA	4,591,942	-	4,591,942	4,591,942	-
Principal Trust Company	CIBDA	428,634	-	428,634	428,634	-
Principal Trust Company	CIBDA	10,846,319	-	10,846,319	10,846,319	-
Principal Trust Company	CIBDA	6,494,607	-	6,494,607	6,494,607	-
Principal Trust Company	CIBDA	6,811,838	-	6,811,838	6,811,838	-
Principal Trust Company	CIBDA	500,000	-	500,000	500,000	-
Principal Trust Company	CIBDA	6,456,053	-	6,456,053	6,456,053	-
Principal Trust Company	CIBDA	5,418,346	-	5,418,346	5,418,346	-
Principal Trust Company	CIBDA	4,006,076	-	4,006,076	4,006,076	-
Principal Trust Company	CIBDA	430,049	-	430,049	430,049	-
Principal Trust Company	CIBDA	6,129,449	-	6,129,449	6,129,449	-
Principal Trust Company	CIBDA	6,207,039	-	6,207,039	6,207,039	-
Principal Trust Company	CIBDA	4,507,541	-	4,507,541	4,507,541	-
Principal Trust Company	CIBDA	6,182,408	-	6,182,408	6,182,408	-
Principal Trust Company	CIBDA	3,217,818	-	3,217,818	3,217,818	-
Principal Trust Company	CIBDA	4,915,659	-	4,915,659	4,915,659	-
Principal Trust Company	CIBDA	4,444,687	-	4,444,687	4,444,687	-
Principal Trust Company	CIBDA	6,306,121	-	6,306,121	6,306,121	-
Principal Trust Company	CIBDA	4,471,288	-	4,471,288	4,471,288	-
Principal Trust Company	CIBDA	2,860,281	-	2,860,281	2,860,281	-
Principal Trust Company	CIBDA	6,559,344	-	6,559,344	6,559,344	-
Principal Trust Company	CIBDA	4,161,889	-	4,161,889	4,161,889	-
Principal Trust Company	CIBDA	6,307,203	-	6,307,203	6,307,203	-
Principal Trust Company	CIBDA	6,282,509	-	6,282,509	6,282,509	-
Principal Trust Company	CIBDA	5,023,172	-	5,023,172	5,023,172	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ 263,226	$ -	$ 263,226	$ 263,226	$ -
Principal Trust Company	CIBDA	6,284,162	-	6,284,162	6,284,162	-
Principal Trust Company	CIBDA	6,313,867	-	6,313,867	6,313,867	-
Principal Trust Company	CIBDA	4,393,133	-	4,393,133	4,393,133	-
Principal Trust Company	CIBDA	-	1,019,884	1,019,884	1,019,884	-
Principal Trust Company	CIBDA	-	1,268,980	1,268,980	1,268,980	-
Principal Trust Company	CIBDA	-	1,650,666	1,650,666	1,650,666	-
Principal Trust Company	CIBDA	-	2,003,491	2,003,491	2,003,491	-
Principal Trust Company	CIBDA	-	2,061,374	2,061,374	2,061,374	-
Principal Trust Company	CIBDA	-	1,815,426	1,815,426	1,815,426	-
Principal Trust Company	CIBDA	-	621,358	621,358	621,358	-
Principal Trust Company	CIBDA	-	980,929	980,929	980,929	-
Principal Trust Company	CIBDA	-	1,130,430	1,130,430	1,130,430	-
Principal Trust Company	CIBDA	-	760,649	760,649	760,649	-
Principal Trust Company	CIBDA	-	642,672	642,672	642,672	-
Principal Trust Company	CIBDA	-	180,120	180,120	180,120	-
Principal Trust Company	CIBDA	-	1,408,709	1,408,709	1,408,709	-
Principal Trust Company	CIBDA	-	2,057,939	2,057,939	2,057,939	-
Principal Trust Company	CIBDA	-	748,227	748,227	748,227	-
Principal Trust Company	CIBDA	-	898,787	898,787	898,787	-
Principal Trust Company	CIBDA	-	1,692,073	1,692,073	1,692,073	-
Principal Trust Company	CIBDA	-	1,905,944	1,905,944	1,905,944	-
Principal Trust Company	CIBDA	-	4,258,571	4,258,571	4,258,571	-
Principal Trust Company	CIBDA	-	1,931,254	1,931,254	1,931,254	-
Principal Trust Company	CIBDA	-	743,311	743,311	743,311	-
Principal Trust Company	CIBDA	-	342,396	342,396	342,396	-
Principal Trust Company	CIBDA	-	3,306,238	3,306,238	3,306,238	-
Principal Trust Company	CIBDA	-	346,242	346,242	346,242	-
Principal Trust Company	CIBDA	-	1,095,386	1,095,386	1,095,386	-
Principal Trust Company	CIBDA	-	2,342,300	2,342,300	2,342,300	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 4,576,397	$ 4,576,397	$ 4,576,397	$ -
Principal Trust Company	CIBDA	-	1,992,798	1,992,798	1,992,798	-
Principal Trust Company	CIBDA	-	808,243	808,243	808,243	-
Principal Trust Company	CIBDA	-	2,418,964	2,418,964	2,418,964	-
Principal Trust Company	CIBDA	-	1,986,091	1,986,091	1,986,091	-
Principal Trust Company	CIBDA	-	426,360	426,360	426,360	-
Principal Trust Company	CIBDA	-	2,199,164	2,199,164	2,199,164	-
Principal Trust Company	CIBDA	-	2,592,354	2,592,354	2,592,354	-
Principal Trust Company	CIBDA	-	341,391	341,391	341,391	-
Principal Trust Company	CIBDA	-	340,515	340,515	340,515	-
Principal Trust Company	CIBDA	-	1,184,882	1,184,882	1,184,882	-
Principal Trust Company	CIBDA	-	1,204,429	1,204,429	1,204,429	-
Principal Trust Company	CIBDA	-	3,613,214	3,613,214	3,613,214	-
Principal Trust Company	CIBDA	-	1,800,921	1,800,921	1,800,921	-
Principal Trust Company	CIBDA	-	851,535	851,535	851,535	-
Principal Trust Company	CIBDA	-	1,916,084	1,916,084	1,916,084	-
Principal Trust Company	CIBDA	-	1,937,972	1,937,972	1,937,972	-
Principal Trust Company	CIBDA	-	743,013	743,013	743,013	-
Principal Trust Company	CIBDA	-	557,068	557,068	557,068	-
Principal Trust Company	CIBDA	-	4,081,681	4,081,681	4,081,681	-
Principal Trust Company	CIBDA	-	1,889,105	1,889,105	1,889,105	-
Principal Trust Company	CIBDA	-	1,087,966	1,087,966	1,087,966	-
Principal Trust Company	CIBDA	-	2,542,330	2,542,330	2,542,330	-
Principal Trust Company	CIBDA	-	2,615,912	2,615,912	2,615,912	-
Principal Trust Company	CIBDA	-	1,326,976	1,326,976	1,326,976	-
Principal Trust Company	CIBDA	-	1,808,939	1,808,939	1,808,939	-
Principal Trust Company	CIBDA	-	945,877	945,877	945,877	-
Principal Trust Company	CIBDA	-	2,592,586	2,592,586	2,592,586	-
Principal Trust Company	CIBDA	-	414,959	414,959	414,959	-
Principal Trust Company	CIBDA	-	2,167,746	2,167,746	2,167,746	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 3,048,900	$ 3,048,900	$ 3,048,900	$ -
Principal Trust Company	CIBDA	-	1,782,499	1,782,499	1,782,499	-
Principal Trust Company	CIBDA	-	1,614,008	1,614,008	1,614,008	-
Principal Trust Company	CIBDA	-	253,389	253,389	253,389	-
Principal Trust Company	CIBDA	-	3,490,032	3,490,032	3,490,032	-
Principal Trust Company	CIBDA	-	1,867,870	1,867,870	1,867,870	-
Principal Trust Company	CIBDA	-	785,345	785,345	785,345	-
Principal Trust Company	CIBDA	-	2,219,627	2,219,627	2,219,627	-
Principal Trust Company	CIBDA	-	1,268,451	1,268,451	1,268,451	-
Principal Trust Company	CIBDA	-	851,041	851,041	851,041	-
Principal Trust Company	CIBDA	-	535,814	535,814	535,814	-
Principal Trust Company	CIBDA	-	2,465,264	2,465,264	2,465,264	-
Principal Trust Company	CIBDA	-	311,515	311,515	311,515	-
Principal Trust Company	CIBDA	-	174,534	174,534	174,534	-
Principal Trust Company	CIBDA	-	4,702,390	4,702,390	4,702,390	-
Principal Trust Company	CIBDA	-	534,090	534,090	534,090	-
Principal Trust Company	CIBDA	-	1,555,313	1,555,313	1,555,313	-
Principal Trust Company	CIBDA	-	2,249,398	2,249,398	2,249,398	-
Principal Trust Company	CIBDA	-	2,574,967	2,574,967	2,574,967	-
Principal Trust Company	CIBDA	-	171,941	171,941	171,941	-
Principal Trust Company	CIBDA	-	3,286,169	3,286,169	3,286,169	-
Principal Trust Company	CIBDA	-	948,742	948,742	948,742	-
Principal Trust Company	CIBDA	-	2,923,415	2,923,415	2,923,415	-
Principal Trust Company	CIBDA	-	1,911,454	1,911,454	1,911,454	-
Principal Trust Company	CIBDA	-	3,051,389	3,051,389	3,051,389	-
Principal Trust Company	CIBDA	-	849,533	849,533	849,533	-
Principal Trust Company	CIBDA	-	1,657,239	1,657,239	1,657,239	-
Principal Trust Company	CIBDA	-	2,436,723	2,436,723	2,436,723	-
Principal Trust Company	CIBDA	-	2,077,166	2,077,166	2,077,166	-
Principal Trust Company	CIBDA	-	2,370,103	2,370,103	2,370,103	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 1,376,967	$ 1,376,967	$ 1,376,967	$ -
Principal Trust Company	CIBDA	-	1,665,226	1,665,226	1,665,226	-
Principal Trust Company	CIBDA	-	737,903	737,903	737,903	-
Category (iii) - Series of transactions in excess of 5% of Plan assets						
Principal Trust Company	CIBDA	$ 160,881,508	$ -	$ 160,881,508	$ 160,881,508	$ -
Principal Trust Company	CIBDA	-	148,176,659	148,176,659	148,176,659	-

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

For the Year Ended December 31, 2025

(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	$ 5,806,477	$ -	$ 5,806,477	$ 5,806,477	$ -
Principal Trust Company	CIBDA	2,277,141	-	2,277,141	2,277,141	-
Principal Trust Company	CIBDA	4,462,667	-	4,462,667	4,462,667	-
Principal Trust Company	CIBDA	6,504,356	-	6,504,356	6,504,356	-
Principal Trust Company	CIBDA	4,591,942	-	4,591,942	4,591,942	-
Principal Trust Company	CIBDA	428,634	-	428,634	428,634	-
Principal Trust Company	CIBDA	10,846,319	-	10,846,319	10,846,319	-
Principal Trust Company	CIBDA	6,494,607	-	6,494,607	6,494,607	-
Principal Trust Company	CIBDA	6,811,838	-	6,811,838	6,811,838	-
Principal Trust Company	CIBDA	500,000	-	500,000	500,000	-
Principal Trust Company	CIBDA	6,456,053	-	6,456,053	6,456,053	-
Principal Trust Company	CIBDA	5,418,346	-	5,418,346	5,418,346	-
Principal Trust Company	CIBDA	4,006,076	-	4,006,076	4,006,076	-
Principal Trust Company	CIBDA	430,049	-	430,049	430,049	-
Principal Trust Company	CIBDA	6,129,449	-	6,129,449	6,129,449	-
Principal Trust Company	CIBDA	6,207,039	-	6,207,039	6,207,039	-
Principal Trust Company	CIBDA	4,507,541	-	4,507,541	4,507,541	-
Principal Trust Company	CIBDA	6,182,408	-	6,182,408	6,182,408	-
Principal Trust Company	CIBDA	3,217,818	-	3,217,818	3,217,818	-
Principal Trust Company	CIBDA	4,915,659	-	4,915,659	4,915,659	-
Principal Trust Company	CIBDA	4,444,687	-	4,444,687	4,444,687	-
Principal Trust Company	CIBDA	6,306,121	-	6,306,121	6,306,121	-
Principal Trust Company	CIBDA	4,471,288	-	4,471,288	4,471,288	-
Principal Trust Company	CIBDA	2,860,281	-	2,860,281	2,860,281	-
Principal Trust Company	CIBDA	6,559,344	-	6,559,344	6,559,344	-
Principal Trust Company	CIBDA	4,161,889	-	4,161,889	4,161,889	-
Principal Trust Company	CIBDA	6,307,203	-	6,307,203	6,307,203	-
Principal Trust Company	CIBDA	6,282,509	-	6,282,509	6,282,509	-
Principal Trust Company	CIBDA	5,023,172	-	5,023,172	5,023,172	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ 263,226	$ -	$ 263,226	$ 263,226	$ -
Principal Trust Company	CIBDA	6,284,162	-	6,284,162	6,284,162	-
Principal Trust Company	CIBDA	6,313,867	-	6,313,867	6,313,867	-
Principal Trust Company	CIBDA	4,393,133	-	4,393,133	4,393,133	-
Principal Trust Company	CIBDA	-	1,019,884	1,019,884	1,019,884	-
Principal Trust Company	CIBDA	-	1,268,980	1,268,980	1,268,980	-
Principal Trust Company	CIBDA	-	1,650,666	1,650,666	1,650,666	-
Principal Trust Company	CIBDA	-	2,003,491	2,003,491	2,003,491	-
Principal Trust Company	CIBDA	-	2,061,374	2,061,374	2,061,374	-
Principal Trust Company	CIBDA	-	1,815,426	1,815,426	1,815,426	-
Principal Trust Company	CIBDA	-	621,358	621,358	621,358	-
Principal Trust Company	CIBDA	-	980,929	980,929	980,929	-
Principal Trust Company	CIBDA	-	1,130,430	1,130,430	1,130,430	-
Principal Trust Company	CIBDA	-	760,649	760,649	760,649	-
Principal Trust Company	CIBDA	-	642,672	642,672	642,672	-
Principal Trust Company	CIBDA	-	180,120	180,120	180,120	-
Principal Trust Company	CIBDA	-	1,408,709	1,408,709	1,408,709	-
Principal Trust Company	CIBDA	-	2,057,939	2,057,939	2,057,939	-
Principal Trust Company	CIBDA	-	748,227	748,227	748,227	-
Principal Trust Company	CIBDA	-	898,787	898,787	898,787	-
Principal Trust Company	CIBDA	-	1,692,073	1,692,073	1,692,073	-
Principal Trust Company	CIBDA	-	1,905,944	1,905,944	1,905,944	-
Principal Trust Company	CIBDA	-	4,258,571	4,258,571	4,258,571	-
Principal Trust Company	CIBDA	-	1,931,254	1,931,254	1,931,254	-
Principal Trust Company	CIBDA	-	743,311	743,311	743,311	-
Principal Trust Company	CIBDA	-	342,396	342,396	342,396	-
Principal Trust Company	CIBDA	-	3,306,238	3,306,238	3,306,238	-
Principal Trust Company	CIBDA	-	346,242	346,242	346,242	-
Principal Trust Company	CIBDA	-	1,095,386	1,095,386	1,095,386	-
Principal Trust Company	CIBDA	-	2,342,300	2,342,300	2,342,300	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 4,576,397	$ 4,576,397	$ 4,576,397	$ -
Principal Trust Company	CIBDA	-	1,992,798	1,992,798	1,992,798	-
Principal Trust Company	CIBDA	-	808,243	808,243	808,243	-
Principal Trust Company	CIBDA	-	2,418,964	2,418,964	2,418,964	-
Principal Trust Company	CIBDA	-	1,986,091	1,986,091	1,986,091	-
Principal Trust Company	CIBDA	-	426,360	426,360	426,360	-
Principal Trust Company	CIBDA	-	2,199,164	2,199,164	2,199,164	-
Principal Trust Company	CIBDA	-	2,592,354	2,592,354	2,592,354	-
Principal Trust Company	CIBDA	-	341,391	341,391	341,391	-
Principal Trust Company	CIBDA	-	340,515	340,515	340,515	-
Principal Trust Company	CIBDA	-	1,184,882	1,184,882	1,184,882	-
Principal Trust Company	CIBDA	-	1,204,429	1,204,429	1,204,429	-
Principal Trust Company	CIBDA	-	3,613,214	3,613,214	3,613,214	-
Principal Trust Company	CIBDA	-	1,800,921	1,800,921	1,800,921	-
Principal Trust Company	CIBDA	-	851,535	851,535	851,535	-
Principal Trust Company	CIBDA	-	1,916,084	1,916,084	1,916,084	-
Principal Trust Company	CIBDA	-	1,937,972	1,937,972	1,937,972	-
Principal Trust Company	CIBDA	-	743,013	743,013	743,013	-
Principal Trust Company	CIBDA	-	557,068	557,068	557,068	-
Principal Trust Company	CIBDA	-	4,081,681	4,081,681	4,081,681	-
Principal Trust Company	CIBDA	-	1,889,105	1,889,105	1,889,105	-
Principal Trust Company	CIBDA	-	1,087,966	1,087,966	1,087,966	-
Principal Trust Company	CIBDA	-	2,542,330	2,542,330	2,542,330	-
Principal Trust Company	CIBDA	-	2,615,912	2,615,912	2,615,912	-
Principal Trust Company	CIBDA	-	1,326,976	1,326,976	1,326,976	-
Principal Trust Company	CIBDA	-	1,808,939	1,808,939	1,808,939	-
Principal Trust Company	CIBDA	-	945,877	945,877	945,877	-
Principal Trust Company	CIBDA	-	2,592,586	2,592,586	2,592,586	-
Principal Trust Company	CIBDA	-	414,959	414,959	414,959	-
Principal Trust Company	CIBDA	-	2,167,746	2,167,746	2,167,746	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 3,048,900	$ 3,048,900	$ 3,048,900	$ -
Principal Trust Company	CIBDA	-	1,782,499	1,782,499	1,782,499	-
Principal Trust Company	CIBDA	-	1,614,008	1,614,008	1,614,008	-
Principal Trust Company	CIBDA	-	253,389	253,389	253,389	-
Principal Trust Company	CIBDA	-	3,490,032	3,490,032	3,490,032	-
Principal Trust Company	CIBDA	-	1,867,870	1,867,870	1,867,870	-
Principal Trust Company	CIBDA	-	785,345	785,345	785,345	-
Principal Trust Company	CIBDA	-	2,219,627	2,219,627	2,219,627	-
Principal Trust Company	CIBDA	-	1,268,451	1,268,451	1,268,451	-
Principal Trust Company	CIBDA	-	851,041	851,041	851,041	-
Principal Trust Company	CIBDA	-	535,814	535,814	535,814	-
Principal Trust Company	CIBDA	-	2,465,264	2,465,264	2,465,264	-
Principal Trust Company	CIBDA	-	311,515	311,515	311,515	-
Principal Trust Company	CIBDA	-	174,534	174,534	174,534	-
Principal Trust Company	CIBDA	-	4,702,390	4,702,390	4,702,390	-
Principal Trust Company	CIBDA	-	534,090	534,090	534,090	-
Principal Trust Company	CIBDA	-	1,555,313	1,555,313	1,555,313	-
Principal Trust Company	CIBDA	-	2,249,398	2,249,398	2,249,398	-
Principal Trust Company	CIBDA	-	2,574,967	2,574,967	2,574,967	-
Principal Trust Company	CIBDA	-	171,941	171,941	171,941	-
Principal Trust Company	CIBDA	-	3,286,169	3,286,169	3,286,169	-
Principal Trust Company	CIBDA	-	948,742	948,742	948,742	-
Principal Trust Company	CIBDA	-	2,923,415	2,923,415	2,923,415	-
Principal Trust Company	CIBDA	-	1,911,454	1,911,454	1,911,454	-
Principal Trust Company	CIBDA	-	3,051,389	3,051,389	3,051,389	-
Principal Trust Company	CIBDA	-	849,533	849,533	849,533	-
Principal Trust Company	CIBDA	-	1,657,239	1,657,239	1,657,239	-
Principal Trust Company	CIBDA	-	2,436,723	2,436,723	2,436,723	-
Principal Trust Company	CIBDA	-	2,077,166	2,077,166	2,077,166	-
Principal Trust Company	CIBDA	-	2,370,103	2,370,103	2,370,103	-

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

For the Year Ended December 31, 2025

(a)	(b) Description of Asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Principal Trust Company	CIBDA	$ -	$ 1,376,967	$ 1,376,967	$ 1,376,967	$ -
Principal Trust Company	CIBDA	-	1,665,226	1,665,226	1,665,226	-
Principal Trust Company	CIBDA	-	737,903	737,903	737,903	-
Category (iii) - Series of transactions in excess of 5% of Plan assets						
Principal Trust Company	CIBDA	$ 160,881,508	$ -	$ 160,881,508	$ 160,881,508	$ -
Principal Trust Company	CIBDA	-	148,176,659	148,176,659	148,176,659	-

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, 2025

(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)	$ 16,004,806	$ 16,004,806

*Denotes a party in interest.

See independent auditor's report.