

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 856567 (3)

1. Corporation Name

LINCOLN NATIONAL INTERMEDIARIES, INC.

Principal Place of Business

C/O TAX DEPT  
1300 S. CLINTON STREET  
FT. WAYNE IN 46802-3506

Mailing Address

C/O TAX DEPT  
1300 S. CLINTON STREET  
FT. WAYNE IN 46802-3506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

35-1547628

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 One Reinsurance Place  
1700-Magnavox Way  
Suite, Apt. #, etc.

2b. Mailing Address

26 P. O. Box 7808  
Suite, Apt. #, etc.

City & State

23 Fort Wayne, IN  
Zip 46804 Country USA

City & State

28 Fort Wayne, IN  
Zip 46801-7808 Country USA

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	WEST, THOMAS M. (CHMN)
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	TV
NAME	ROESLER, MAX A.
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	S
NAME	WOMACK, C.SUZANNE
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	AS
NAME	COX, GLORIA J
STREET ADDRESS	1300 S. CLINTON STREET
CITY - ST - ZIP	FT. WAYNE IN
TITLE	COO
NAME	HOREIN, JAMES R.
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	AS
NAME	HOELLE, LOIS M.
STREET ADDRESS	1300 S CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SEE ATTACHED LISTING

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an acknowledgment.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Lemon, Assistant Secretary

4-25-95

Date

219-455-4535

Telephone Number

856567

**Lincoln National Intermediaries, Inc.**  
One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804  
35-1547628

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

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman & CEO Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1731 Hollow Creek Court Fort Wayne, IN 46804
President Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Vice President and Treasurer Max A. Roesler 307-32-9533	1300 S. Clinton Street Fort Wayne, IN 46801	430 Spring Beach Drive Rome City, IN 46784
Secretary C. Suzanne Womack 307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run Fort Wayne, IN 46835
Assistant Secretary Mark D. Lemon 313-82-4245	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5511 Hoagland Avenue Fort Wayne, IN 46807
Assistant Secretary and Assistant Treasurer Douglas N. Miller 310-72-8023	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5607 Marty's Hill Place Fort Wayne, IN 46815
Assistant Secretary Thomas L. Spurling 314-58-3898	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3615 Mayapple Drive Fort Wayne, IN 46818