

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

Pg 1 of 3

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856567** (3)

1. Corporation Name
LINCOLN NATIONAL INTERMEDIARIES, INC.



Principal Place of Business: **1700 MAGNAVOX WAY, 1300 S. CLINTON STREET, FT. WAYNE IN 46804 US**
Mailing Address: **P. O. BOX 7808, 1300 S. CLINTON STREET, FT. WAYNE IN 46801-7808 US**

2. Principal Place of Business: **21 One Reinsurance Place, 22 1700 Magnavox Way, 23 Fort Wayne, IN, 24 46804, 25 USA**
2a. Mailing Address: **26 P.O. Box 7808, 27, 28 Fort Wayne, IN, 29 46801-7808, 30 USA**

3. Date Incorporated or Qualified: **05/26/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **35-1547628**
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

9. Name and Address of Current Registered Agent: **PRENTICE-HALL CORPORATION SYSTEM, INC., 110 NORTH MAGNOLIA STREET, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code**

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1. TITLE	CEO/D
NAME	WEST, THOMAS M. (CHMN)	12. NAME	Shaheen, Gabriel L. (CHMN)
STREET ADDRESS	1300 S. CLINTON ST.	13. STREET ADDRESS	1700 Magnavox Way
CITY-ST-ZIP	FT. WAYNE IN	14. CITY-ST-ZIP	Fort Wayne, IN 46804
TITLE	TV	2. TITLE	TV
NAME	ROESLER, MAX A.	22. NAME	Whitney, Janet C.
STREET ADDRESS	1300 S. CLINTON ST.	23. STREET ADDRESS	1300 S. Clinton Street
CITY-ST-ZIP	FT. WAYNE IN	24. CITY-ST-ZIP	Fort Wayne, IN 46801
TITLE	S	3. TITLE	
NAME	WOMACK, C.SUZANNE	32. NAME	
STREET ADDRESS	1300 S. CLINTON ST.	33. STREET ADDRESS	200 East Berry Street
CITY-ST-ZIP	FT. WAYNE IN	34. CITY-ST-ZIP	46801
TITLE	AS	4. TITLE	AS
NAME	COX, GLORIA J	42. NAME	Lemon, Mark D.
STREET ADDRESS	1300 S. CLINTON STREET	43. STREET ADDRESS	1700 Magnavox Way
CITY-ST-ZIP	FT. WAYNE IN	44. CITY-ST-ZIP	Fort Wayne, IN 46804
TITLE	COO	5. TITLE	P/D
NAME	HOREIN, JAMES R.	52. NAME	Clark, Kenneth J.
STREET ADDRESS	1300 S. CLINTON ST.	53. STREET ADDRESS	1700 Magnavox Way
CITY-ST-ZIP	FT. WAYNE IN	54. CITY-ST-ZIP	Fort Wayne, IN 46804
TITLE	AS	6. TITLE	V/D
NAME	HOELLE, LOIS M.	62. NAME	Tyler, William K.
STREET ADDRESS	1300 S CLINTON ST.	63. STREET ADDRESS	1700 Magnavox Way
CITY-ST-ZIP	FT. WAYNE IN	64. CITY-ST-ZIP	Fort Wayne, IN 46804

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 119.07(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 on an attachment with an address.

SIGNATURE: *Mark D. Lemon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark D. Lemon, Assistant Secretary
4-17-96 (219) 455-4535

CR2E034 (12/95)

856567

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

pg 2 of 3

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	2101 Sycamore Hills Drive 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 General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804
Vice President and Treasurer Janet C. Whitney 303-54-5250	1300 S. Clinton Street Fort Wayne, IN 46801	10002 Crown Point Drive Fort Wayne, IN 46804
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	824 Autumn Ridge Lane Fort Wayne, IN 46804
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

Pg 3 of 3

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

Directors

Kenneth J. Clark
305-38-4914

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

605 Beechwood Drive
Fort Wayne, IN 46807

James R. Horein
306-32-2881

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

2805 Fox Chase Run
Fort Wayne, IN 46825

Gabriel L. Shaheen
305-60-4979

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

2101 Sycamore Hills Drive
Fort Wayne, IN 46804

William K. Tyler
337-36-5795

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

2929 Buckhurst Run
Fort Wayne, IN 46815

All terms are indefinite.