

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856567 (3)**  
 1. Corporation Name  
**LINCOLN NATIONAL INTERMEDIARIES, INC.**



Principal Place of Business ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FORT WAYNE IN 46804 US	Mailing Address P.O. BOX 7808 FORT WAYNE IN 46801-7808 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/26/1983</b>	4. FEI Number <b>35-1547628</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	25. Country	28. Zip	29. Country	30. Country
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	

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

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, LAWRENCE	1.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, JANET C.	2.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, C.SUZANNE	3.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON, MARK D.	4.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KENNETH J.	5.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	VPAT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WILLIAM K.	6.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (1-12-98) (219) 455-4535  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0501435

CR2E034 (10/97)

**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 Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
President Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Senior Vice President and Assistant Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Vice President Thomas D. Keefer 314-38-3599	533 Airport Boulevard Suite 400 Burlingame, CA 94010	1612 Barroilhet Avenue Burlingame, CA 94010
Vice President Melvin C. McFall 312-50-0102	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2702 Chichester Lane Fort Wayne, IN 46815
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 Thomas E. Skillman 308-64-3552	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	7045 Pointe Inverness Way Fort Wayne, IN 46804
Vice President Todd Spooner 323-66-8402	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	8027 Moss Grove Place Fort Wayne, IN 46825
Vice President and Treasurer Janet C. Whitney 303-54-5250	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court Fort Wayne, IN 46804