

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 049 ***150.00

DOCUMENT # 856567 (3)

1. Corporation Name

LINCOLN NATIONAL INTERMEDIARIES, INC.

Principal Place of Business

Mailing Address

ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FORT WAYNE, IN 46804

P.O. BOX 7808
FORT WAYNE, IN 46801-7808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1983

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, KENNETH J.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE	VPATD	<input type="checkbox"/> DELETE
NAME	TYLER, WILLIAM K.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CHRZAN, JANET	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FORT WAYNE, IN 46801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE, CYNTHIA A.	
STREET ADDRESS	1300 SOUTH CLINTON STREET	
CITY-ST-ZIP	FORT WAYNE, IN 46802	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEMON, MARK D.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Lemon, Assistant Secretary

4-27-99

Date

(219) 455-4535

Daytime Phone #

553432-90026-29
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 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 Louis D. Fisher 316-50-4589	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3770 Kirkwood Drive Fort Wayne, IN 46805
Vice President Jennifer C. Hom 314-82-0032	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	10015 Red Pine Court Fort Wayne, IN 46804
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	7724 Inverness Glens Drive Fort Wayne, IN 46804