

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90292 009 \*\*\*150.00

**DOCUMENT # 856567**

1. Entity Name

**LINCOLN NATIONAL INTERMEDIARIES, INC.**

Principal Place of Business

Mailing Address

**ONE REINSURANCE PLACE  
 1700 MAGNAVOX WAY  
 FORT WAYNE IN 46804  
 US**

**P.O. BOX 7808  
 FORT WAYNE IN 46801-7808  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1547628**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ROWLAND, LAWRENCE 1700 MAGNAVOX WAY. FORT WAYNE IN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLARK, KENNETH J 1700 MAGNAVOX WAY FORT WAYNE IN 46804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT TYLER, WILLIAM K 1700 MAGNAVOX WAY FORT WAYNE IN 46804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT/ CHIRZAN, JANET 200/E. BERRY STREET FT WAYNE IN 46804</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROSE, CYNTHIA A 1300 S. CLINTON STREET FORT WAYNE IN 46802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LEMON, MARK D 1700 MAGNAVOX WAY FORT WAYNE IN 46804</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Hom, Jennifer C 1700 Magnavox Way Fort Wayne, IN 46804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mark D. Lemon, Asst. Secretary

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 (219) 455-4535

CR2E034 (10/00)

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

Attachment  
D# 850567

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 & 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 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	Metrologielaan - 4 B-1130 Brussels, Belgium	105 Avenue Louise, Box 4 1050 Brussels, Belgium
Vice President James B. Keller 304-50-0145	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	10320 Hickory Valley Drive Fort Wayne, IN 46835
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 & 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
Vice President Thomas E. Skillman 308-64-3552	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	7621 Witting Blvd. Roanoke, IN 46783
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
Secretary Cynthia A. Rose 311-64-8908	1300 South Clinton Street Fort Wayne, IN 46802	3380 West 1200 North Decatur, IN 46733
Assistant Secretary Mark D. Lemon 313-82-4245	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	14835 Harbourside Court Fort Wayne, IN 46814

(See back for list of directors)