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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P14924 (5)

1. Corporation Name
LINCOLN NATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
**% TAX DEPARTMENT
1300 S. CLINTON STREET
FT. WAYNE IN 46802-3508**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified 3a. Date of Last Report
06/22/1987 **05/01/1994**

4. FEI Number Applied For
35-1690454 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
**One Reinsurance Place
1700 Magnavox Way
Suite, Apt. #, etc.**

2a. Mailing Address
**P. O. Box 7808
Suite, Apt. #, etc.**

22. City & State
Fort Wayne, IN

23. City & State
Fort Wayne, IN

24. Zip 25. Country 29. Zip 30. Country
46804 USA 46801-7808 USA

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
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
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, C. SUZANNE	1.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	1.3 STREET ADDRESS	SEE ATTACHED
CITY - ST - ZIP	FT. WAYNE IN	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOREIN, JAMES R.	2.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WILLIAM K.	3.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESLER, MAX A.	4.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, THOMAS M	5.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEKS, RENEE L	6.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WAYNE IN	6.4 CITY - ST - ZIP	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in my attachment with an address.

SIGNATURE: 4-25-95 219-455-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Mark D. Lomon, Assistant Secretary

P14924

Lincoln National Management Services, Inc.
One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
35-1690454

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 James R. Horein 306-32-2881	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2805 Fox Chase Run Fort Wayne, IN 46825
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

Directors

**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**

**1731 Hollow Creek Court
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.