

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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: **ONE REINSURANCE PLACE, 1300 S. CLINTON STREET, FT. WAYNE IN 46804, US**
Mailing Address: **PO BOX 7808, 1300 S. CLINTON STREET, FT. WAYNE IN 46801, US**

3. Date Incorporated or Qualified: **06/22/1987**
3a. Date of Last Report: **05/01/1995**

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 Suite, Apt. #, etc., 28 Fort Wayne, IN, 29 46801-7808, 30 USA**

4. FEI Number: **35-1690454**
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., 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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	WOMACK, C. SUZANNE 1300 S. CLINTON STREET FT. WAYNE IN	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD	HOREIN, JAMES R. 1300 S. CLINTON STREET FT. WAYNE IN	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	200 East Berry Street 46801
TITLE: VD	TYLER, WILLIAM K. 1300 S. CLINTON STREET FT. WAYNE IN	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1700 Magnavox Way 46804
TITLE: VT	ROESLER, MAX A. 1300 S. CLINTON STREET FT. WAYNE IN	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1700 Magnavox Way 46804
TITLE: D	WEST, THOMAS M 1300 S. CLINTON STREET FT. WAYNE IN	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VT Whitney, Janet C. 1300 S. Clinton Street Fort Wayne, IN 46801
TITLE: AS	BEEKS, RENEE L 1300 S. CLINTON STREET FT. WAYNE IN	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Shaheen, Gabriel L. 1700 Magnavox Way Fort Wayne, IN 46804
			AS Lemon, Mark D. 1700 Magnavox Way 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: [Signature] DATE: **4-17-96** (219) 455-4535

CR2E034 (12/95)

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	2101 Sycamore Hills Drive 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 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

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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

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.

**LINCOLN NATIONAL
MANAGEMENT SERVICES**
A part of LINCOLN NATIONAL CORPORATION
LINCOLN NATIONAL MANAGEMENT SERVICES, INC.

Pg 3083
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A1692636

FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS SECTION
DIVISION OF CORPORATIONS
PO BOX 13900
TALLAHASSEE, FL 32317

APRIL 17, 1996

CHECK NUMBER
A 05656124

IN PAYMENT OF:

\$200.00

1996 ANNUAL REPORT - FL - LNMS

NET PAYMENT

200.00