

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

**FILED**

**May 09 1997 8:00 am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P14924 (5)**  
1. Corporation Name  
**LINCOLN NATIONAL MANAGEMENT SERVICES, INC.**

Principal Place of Business: **One Reinsurance Place  
1700 Magnavox Way  
Fort Wayne, IN 46804**

Mailing Address: **P.O. Box 7808  
Fort Wayne, IN 46801-7808**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 One Reinsurance Place	26 P.O. Box 7808	6/22/87	4/17/96
22 1700 Magnavox Way	27 Suite, Apt #, etc.	4. FEI Number	Applied For / Not Applicable
23 Fort Wayne, IN	28 Fort Wayne, IN	35-1690454	
24 46804	25 USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	29 46801-7808	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30 USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Prentice-Hall Corporation System, Inc. 1201 Hayes Street Suite 105 Tallahassee, FL 32301	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 to 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's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman, CEO, Pres./Dir. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence T. Rowland	1.2 NAME	
STREET ADDRESS	1700 Magnavox Way	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46804	1.4 CITY-ST-ZIP	
TITLE	Senior Vice Pres./Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J. Alford	2.2 NAME	
STREET ADDRESS	1700 Magnavox Way	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46804	2.4 CITY-ST-ZIP	
TITLE	Sr. V.P./Asst. Treas./Dir. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William K. Tyler	3.2 NAME	
STREET ADDRESS	1700 Magnavox Way	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46804	3.4 CITY-ST-ZIP	
TITLE	V.P./Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet C. Whitney	4.2 NAME	
STREET ADDRESS	200 East Berry Street	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46801	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Suzanne Womack	5.2 NAME	
STREET ADDRESS	200 East Berry Street	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46801	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark D. Lemon	6.2 NAME	
STREET ADDRESS	1700 Magnavox Way	6.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Wayne, IN 46804	6.4 CITY-ST-ZIP	

14. I do 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 contained 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 and address is on Block 12 or Block 13 of this report, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4-30-97** **(219) 455-4535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mark D. Lemon, Assistant Secretary** Date Daytime Phone #

CR2E034 (9/96)

*S/WOC*

**500002175135  
-05/12/97--01104--030  
\*\*\*165.00**