

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

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

05-17-1999 90026 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1987	
4. FEI Number 35-1690454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

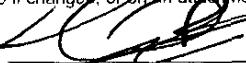
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	CEOPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, LAWRENCE T.	1.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46804	1.4 CITY-ST-ZIP	
TITLE	SVPATD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, WILLIAM K.	2.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46804	2.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TIMOTHY J.	3.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46804	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRZAN, JANET	4.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46801	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, CYNTHIA A.	5.2 NAME	
STREET ADDRESS	1300 SOUTH CLINTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46802	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON, MARK D.	6.2 NAME	
STREET ADDRESS	1700 MAGNAVOX WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46804	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:  **4-27-99** (219) 455-4535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mark D. Lemon, Assistant Secretary

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

553433-9002650

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Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman, CEO, and President Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
Senior Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Senior Vice 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 David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
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 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
Vice President and Treasurer Janet Chrzan 303-54-5250	200 East Berry Street Fort Wayne, IN 46801	11136 Creekwood Court Fort Wayne, IN 46804
Vice President Neal E. Arnold 314-58-8491	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
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 Ann Wallace 154-46-6572	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	11127 Bittersweet Dells Lane Fort Wayne, IN 46804
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	824 Autumn Ridge Lane Fort Wayne, IN 46804