

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90179 047 ***150.00

DOCUMENT # P14924

1. Entity Name

LINCOLN NATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**ONE REINSURANCE PLACE
 1700 MAGNAVOX WAY
 FT. WAYNE IN 46804
 US**

**P O BOX 7808
 FT WAYNE IN 46801-7808
 US**

638554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1690454**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 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, 2000 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	AS	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, C/ SUZANNE	
STREET ADDRESS	200 E BERRY ST	
CITY-ST-ZIP	FT/WAYNE IN 46804	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TYLER, WILLIAM K	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN 46804	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	ALFORD, TIMOTHY J	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN 46804	
TITLE	NPT	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, JANNET C/	
STREET ADDRESS	200 E BERRY ST	
CITY-ST-ZIP	FT/WAYNE IN 46804	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	1300 S. CLINTON STREET	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEMON, MARK D	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN 46804	

TITLE	PCEOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, LAWRENCE T.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE	SVPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, KENNETH J	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, Assistant Secretary

Date **4-10-00** Daytime Phone # **(219) 455-4535**

Lincoln National Management Services, Inc.

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
35-1690454

Attachment
U38554
#P14924

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, 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
Sr. V.P. & Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
V.P. & 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 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
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

(See back for list of Directors)

