

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90062 046 ***150.00

DOCUMENT # P14924

1. Entity Name
LINCOLN NATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business
**ONE REINSURANCE PLACE
 1700 MAGNAVOX WAY
 FT. WAYNE IN 46804
 US**

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



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

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, 2002 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	PCED <input type="checkbox"/> Delete
NAME	ROWLAND, LAWRENCE T
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	<input type="checkbox"/> Delete
NAME	SVTD/ TYLER, WILLIAM K
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FT. WAYNE IN 46804
TITLE	<input type="checkbox"/> Delete
NAME	SVPD/ ALFORD, TIMOTHY J
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FT. WAYNE IN 46804
TITLE	SVP <input checked="" type="checkbox"/> Delete
NAME	CLARK, KENNETH J
STREET ADDRESS	1700 MAGNAVOX
CITY-ST-ZIP	FORT WAYNE IN 46804
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A
STREET ADDRESS	1300 S. CLINTON STREET
CITY-ST-ZIP	FORT WAYNE IN 46802
TITLE	<input type="checkbox"/> Delete
NAME	AS LEMON, MARK D
STREET ADDRESS	1700 MAGNAVOX WAY
CITY-ST-ZIP	FORT WAYNE IN 46804

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CEO D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris C. Stroup
STREET ADDRESS	175 King Street
CITY-ST-ZIP	Armonk, NY 10504
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia D. Harrigan
STREET ADDRESS	175 King Street
CITY-ST-ZIP	Armonk, NY 10504
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 **SIGNATURE REQUIRED** 4/18/02 **(260) 455-4535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)