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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **556509** (8)  
1. Corporation Name  
**LINCOLN NATIONAL FINANCIAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1300 SOUTH CLINTON STREET  
% TAX DEPARTMENT  
FORT WAYNE IN 46802-3506**

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 **40 LNL Center/100**  
22 City & State      27 **1300 S. CLINTON ST. P.O. BOX 7121**  
23 City & State      28 **FT WAYNE IN**  
24 Zip      25 Country      29 Zip      30 Country  
**46801**      **Allen**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/30/1977**      **05/01/1984**

4. FEI Number      Applied For  
**35-1419921**      Not Applicable

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  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS 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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALTER, THOMAS O.
STREET ADDRESS	2120 N DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	VS
NAME	NIGHTINGALE, CAROLYN M
STREET ADDRESS	1300 S. CLINTON STREET
CITY - ST - ZIP	FT. WAYNE IN
TITLE	I
NAME	ROESLER, MAX A
STREET ADDRESS	1300 S CLINTON ST
CITY - ST - ZIP	FT WAYNE IN
TITLE	D
NAME	MCPHAIL, GARY R
STREET ADDRESS	1300 S CLINTON ST.
CITY - ST - ZIP	FT WAYNE IN
TITLE	AS
NAME	BEEKS, RENEE L
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN
TITLE	D
NAME	BEHRENDT, JOHN M
STREET ADDRESS	1300 S. CLINTON ST.
CITY - ST - ZIP	FT. WAYNE IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>JOHN K. LUCAS</b>
1.4 CITY - ST - ZIP	<b>2120 N DIXIE HWY</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT &amp; SECRETARY</b>
2.3 STREET ADDRESS	<b>RENEE L. BEEKS</b>
2.4 CITY - ST - ZIP	<b>1300 S. CLINTON</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FT WAYNE, IN 46801</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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, on an attachment with an address.

SIGNATURE: *Max A. Roesler*      *John M. Behrendt*      **4/20/95**      **219-455-3087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Phone Number)