

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **556509** (8)

1. Corporation Name

LINCOLN NATIONAL FINANCIAL SERVICES, INC.



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

Mailing Address: **C/O LNL CONTROLLERS
1300 S. CLINTON ST. P.O. BOX 7839
FT. WAYNE IN 46801
US**

3. Date Incorporated or Qualified: **12/30/1977**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
C/O LNL CONTROLLERS
Suite, Apt. #, etc.: **27**
1300 S CLINTON ST, P.O. BOX 7839
City & State: **28**
FORT WAYNE, INDIANA
Zip: **29**
46801 Country: **30**
USA

4. FEI Number: **35-1419921**
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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JOHN K. LUCAS	1.2 NAME	
STREET ADDRESS	2120 N. DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS REED P. MILLER	2.2 NAME	
STREET ADDRESS	1300 S. CLINTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ROESLER, MAX A	3.2 NAME	JANEY C WHITNEY
STREET ADDRESS	1300 S CLINTON ST	3.3 STREET ADDRESS	1300 S. CLINTON ST
CITY-ST-ZIP	FT WAYNE IN	3.4 CITY-ST-ZIP	FORT WAYNE, IN 46801
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCPHAIL, GARY R	4.2 NAME	JON A BOSCIA
STREET ADDRESS	1300 S CLINTON ST.	4.3 STREET ADDRESS	1300 S. CLINTON ST
CITY-ST-ZIP	FT WAYNE IN	4.4 CITY-ST-ZIP	FORT WAYNE, IN 46801
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS BEEKS, RENEE L	5.2 NAME	
STREET ADDRESS	1300 S. CLINTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BEHRENDT, JOHN M	6.2 NAME	
STREET ADDRESS	1300 S. CLINTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	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 119.07(3)(k), 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.

SIGNATURE: John M. Behrendt **JOHN M BEHRENDT** 4/22/96 (219) 455-2607

CR2E034 (12/95)