

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 7639 2254 FT. WAYNE IN 46801 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/30/1977	
4. FEI Number 35-1419921	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. City	
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN K. LUCAS	
STREET ADDRESS	2120 N. DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	REED P. MILLER	
STREET ADDRESS	1300 S. CLINTON	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	J	<input type="checkbox"/> DELETE
NAME	WHITNEY, JANET C	
STREET ADDRESS	1300 S CLINTON ST	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSCIA, JON A	
STREET ADDRESS	1300 S CLINTON ST.	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BEEKS, RENEE L	
STREET ADDRESS	1300 S. CLINTON ST.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Carolyn P. Brady
4.4 CITY-ST-ZIP	1300 S Clinton St Fort Wayne IN 46801
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 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

SIGNATURE: *John M. Behrendt* 4-2-98 219-455-5225

CR2E034 (10/97)