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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

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 7039 2254
FT. WAYNE IN 46801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1977

4. FEI Number
35-1419921

Applied For
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O LFA
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JOHN K. LUCAS
STREET ADDRESS 2120 N. DIXIE HWY
CITY-ST-ZIP BOCA RATON FL

TITLE VPS
NAME REED P. MILLER
STREET ADDRESS 1300 S. CLINTON
CITY-ST-ZIP FT. WAYNE IN

TITLE Y
NAME WHITNEY, JANET C
STREET ADDRESS 1300 S CLINTON ST
CITY-ST-ZIP FT WAYNE IN

TITLE D
NAME BOSCIA, JON A
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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

214-455-5225

CR2E034 (10/97)