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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90121 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 556509

1. Corporation Name
LINCOLN NATIONAL FINANCIAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
12/30/1977

4. FEI Number
35-14 19921

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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P JOHN K. LUCAS**

STREET ADDRESS **2120 N. DIXIE HWY**

CITY-ST-ZIP **BOCA RATON FL**

TITLE DELETE

NAME **VPS REED P. MILLER**

STREET ADDRESS **1300 S. CLINTON**

CITY-ST-ZIP **FT. WAYNE IN**

TITLE DELETE

NAME **T WHITNEY, JANET C**

STREET ADDRESS **1300 S CLINTON ST**

CITY-ST-ZIP **FT WAYNE IN**

TITLE DELETE

NAME **D BRODY, CAROLYN**

STREET ADDRESS **1300 S CLINTON ST**

CITY-ST-ZIP **FT WAYNE IN 46801**

TITLE DELETE

NAME **AS BEEKS, RENEE L**

STREET ADDRESS **1300 S. CLINTON ST.**

CITY-ST-ZIP **FT. WAYNE IN**

TITLE DELETE

NAME **D 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 Change Addition

1.2 NAME **DIRECTOR**

1.3 STREET ADDRESS **J. MICHAEL HEMP**

1.4 CITY-ST-ZIP **350 CHURCH STREET**
HARTFORD, CT 06103

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME **T CHRZAN, JANET C.**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet C. Chrzan* Janet C. Chrzan, Treasurer **4-20-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)