

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853656

FILED
Apr 12, 2006
Secretary of State

Entity Name: LINCOLN NATIONAL INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

350 CHURCH ST. MCA 1
HARTFORD, CT 06103

New Principal Place of Business:

Current Mailing Address:

% TRINA MILLS
P O BOX 2239
FORT WAYNE, IN 468012239

New Mailing Address:

FEI Number: 06-1064919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DINEEN, ROBERT W
Address: 2005 MARKET STREET, 34TH FLR
City-St-Zip: PHILADELPHIA, PA 19103

Title: S () Delete
Name: ONDECKER, MARILYN K
Address: 1300 SOUTH CLINTON STREET
City-St-Zip: FORT WAYNE, IN 46802

Title: AS () Delete
Name: MILLS, TRINA
Address: 1300 SOUTH CLINTON STREET., STE. 150
City-St-Zip: FORT WAYNE, IN 46802

Title: VPT () Delete
Name: CRAWFORD, FREDRICK J
Address: 1500 MARKET ST, STE 3900
City-St-Zip: PHILADELPHIA, PA 191022112

Title: VAS () Delete
Name: GASE, LUCY D
Address: 1300 SOUTH CLINTON STREET., STE. 150
City-St-Zip: FORT WAYNE, IN 46802

Title: SVCF () Delete
Name: TRUMBLE, CASEY J
Address: 2005 MARKET STREET, 34TH FLR
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: BERNT, DUANE L
Address: 1500 MARKET ST, STE 3900
City-St-Zip: PHILADELPHIA, PA 191022112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: MILLS, TRINA
Address: 1300 SOUTH CLINTON STREET, STE. 150
City-St-Zip: FORT WAYNE, IN 46802

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINA MILLS

AS

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date