

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

1

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED

98 APR 30 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # F93000003838 (0)

1. Corporation Name

LINCOLN NATIONAL FINANCIAL INSTITUTIONS GROUP, I  
NC.

Principal Place of Business

1300 SOUTH CLINTON STREET  
P.O. BOX 1110  
FT. WAYNE IN 46802  
US

Mailing Address

C/O FIRST PENN-PACIFIC LIFE INSURANCE CO.  
1801 SOUTH MEYERS ROAD  
OAKBROOK TERRACE IL 60181  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

52-0991567

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

THE PRENTICE HALL CORPORATION SYSTEM, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

84 City

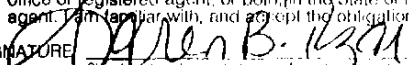
TALLAHASSEE

FL

85 Zip Code  
32301

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, or both, as applicable

Karen B. Rozar, As Its Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE AT  
NAME ROGERS, STEVEN W  
STREET ADDRESS 1801 SOUTH MEYERS ROAD  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181 ☐ DELETE

TITLE PD  
NAME BECKER, JOANN E  
STREET ADDRESS 1300 SOUTH CLINTON STREET  
CITY-ST-ZIP FORT WAYNE IN 46801 ☐ DELETE

TITLE S  
NAME WOMACK, C. SUZANNE  
STREET ADDRESS 1300 SOUTH CLINTON STREET  
CITY-ST-ZIP FORT WAYNE IN 46801 ☐ DELETE

TITLE CEO  
NAME FITCH, THOMAS W  
STREET ADDRESS 1801 S. MEYERS RD.  
CITY-ST-ZIP OAKBROOK TERRACE IL 60181 ☐ DELETE

TITLE V  
NAME NEUBERGER, JOSEPH J  
STREET ADDRESS 2001 ROCKWOOD ROAD  
CITY-ST-ZIP SILVER SPRING MD 20910 ☐ DELETE

TITLE VT  
NAME WHITNEY, JANET C  
STREET ADDRESS 1300 SOUTH CLINTON STREET  
CITY-ST-ZIP FORT WAYNE IN 46801 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 500002506575--1  
1.4 CITY-ST-ZIP

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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

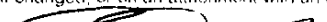
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



4/30/98

CR2E034 (10/97)

2

Lincoln National Financial Institutions Group, Inc.  
(an Indiana corporation)

c/o First Penn-Pacific Life Insurance Company  
1801 South Meyers Road  
Oakbrook Terrace, IL 60181

(630) 495-3336

9855 West 78th Street, Suite 100  
Eden Prairie, Minnesota 55344

(612) 942-6933  
(612) 942-8917 (Fax)

OFFICERS

Thomas W. Fitch	Chairman, Chief Executive Officer and President
Joseph J. Neuberger	Senior Vice President
Richard S. White	Senior Vice President
Maureen Sloan	Senior Vice President
Howard Quinlan	Vice President
Janet C. Whitney	Vice President and Treasurer
C. Suzanne Womack	Secretary
Brian S. Becher	Assistant Secretary
Renee L. Beeks	Assistant Secretary
John M. Behrendt	Assistant Secretary
Gloria J. Cox	Assistant Secretary
Marcia DuMond	Assistant Secretary
Robert K. Gongwer	Assistant Secretary
Richard H. Heischman, Jr.	Assistant Secretary
Lois M. Hoelle	Assistant Secretary
Sharon A. Hunt	Assistant Secretary
Kharis K. Roach	Assistant Secretary
Cynthia A. Rose	Assistant Secretary
James N. Westafer	Assistant Secretary

(2)

Gail Black .  
Walter W. Bonham, Jr.  
Steven W. Rogers  
Keith J. Ryan  
James P. Sjoreen  
Eldon J. Summers

Assistant Treasurer  
Assistant Treasurer  
Assistant Treasurer  
Assistant Treasurer  
Assistant Treasurer  
Assistant Treasurer

DIRECTORS

JoAnn E. Becker  
Thomas W. Fitch  
Joseph J. Neuberger  
Richard S. White  
Maureen Sloan

(4)



ACCOUNT NO. : 072100000032

REFERENCE : 801029 7123523

AUTHORIZATION : *Patricia P.*

COST LIMIT : \$ 150.00

ORDER DATE : April 29, 1998

ORDER TIME : 10:19 AM

ORDER NO. : 801029-010

CUSTOMER NO: 7123523

CUSTOMER: Ms. Sharon Gehrke  
First Penn-pacific Life  
1801 S. Meyers Road

Oakbrook Terrac, IL 60181

ANNUAL REPORT FILING

NAME: LINCOLN NATIONAL FINANCIAL  
INSTITUTIONS GROUP, INC.

RECEIVED  
98 APR 30 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALL ARCADE PLAZA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA BRYANT

EXAMINER'S INITIALS: \_\_\_\_\_