



THE UNITED STATES  
CORPORATION  
COMPANY

F98000005914

ACCOUNT NO. : 072100000032

REFERENCE : 990881 4319775

AUTHORIZATION :

COST LIMIT : \$ 87.50

*Patricia Pigott*

ORDER DATE : October 8, 1998

ORDER TIME : 9:19 AM

ORDER NO. : 990881-055

CUSTOMER NO: 4319775

CUSTOMER: Ms. Karen S. Miller  
Lincoln National Corporation  
200 East Berry St.

Fort Wayne, IN 46802

DIVISION OF CORPORATION

98 OCT 23 AM 9:52

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FOREIGN FILINGS

100002670891--6

NAME: ANNUITYNET INSURANCE AGENCY,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  
XX CERTIFIED COPIES ( 2 )

CONTACT PERSON: Tamara Odom

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DIVISION OF CORPORATIONS  
98 OCT 23 AM 10:08

*mtm*  
*10/23*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. AnnuityNet Insurance Agency, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Indiana  
(State or country under the law of which it is incorporated)
3. 35-2058354  
(FEI number, if applicable)
4. 10-2-98  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1300 South Clinton Street  
Fort Wayne, Indiana 46802  
(Current mailing address)  
To transact the business of an insurance agency and to engage in any activity for which corporations may be organized.
8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company  
By: Mia D. Wintersmith, Asst. Secretary  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

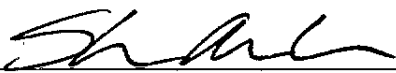
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shane A. Chalke, President  
(Typed or printed name and capacity of person signing application)

ANNUITYNET INSURANCE AGENCY, INC.

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Shane A. Chalke	President	108-G South St. Leesburg, VA 20175
Stephen H. Lewis	Vice President	1300 S. Clinton St. Fort Wayne, IN 46802
C. Suzanne Womack	Secretary	200 E. Berry St. Fort Wayne, IN 46802
Janet Chrzan Treasurer	200 E. Berry St.	Fort Wayne, IN 46802

DIRECTORS

Shane A. Chalke	Director	108-G South St. Leesburg, VA 20175
Philip L. Holstein	Director	120 Madison St. MONY Tower II, Suite 1700 Syracuse, NY 13202
Keith J. Ryan	Director	1300 S. Clinton St. Fort Wayne, IN 46802
Gabriel L. Shaheen	Director	1300 S. Clinton St. Fort Wayne, IN 46802

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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

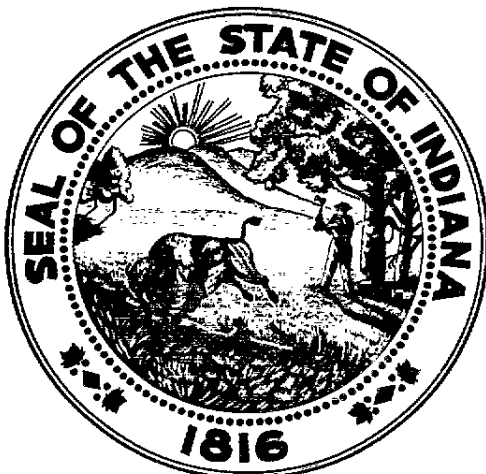
**ANNUITYNET INSURANCE AGENCY, INC.**

filed Articles of Incorporation on October 02, 1998, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighth day of October, 1998.



*Sue Anne Gilroy*  
SUE ANNE GILROY, Secretary of State

*JK*  
Deputy