

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000726

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LINCOLN RETIREMENT SERVICES COMPANY, LLC

**Current Principal Place of Business:**

1300 S. CLINTON ST.  
FT WAYNE, IN 46802

**New Principal Place of Business:**

**Current Mailing Address:**

1300 S. CLINTON ST.  
FT WAYNE, IN 46802

**New Mailing Address:**

FEI Number: 35-2134263      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 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: THOMPSON, WESTLEY V  
Address: 350 CHURCH STREET  
City-St-Zip: HARTFORD, CT 06103

Title: VP ( ) Delete  
Name: KELLER, DONALD E  
Address: 1300 S CLINTON ST  
City-St-Zip: FORT WAYNE, IN 46802

Title: T ( ) Delete  
Name: TAYLOR, RISE C M  
Address: 1300 S CLINTON STREET  
City-St-Zip: FT WAYNE, IN 46802

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

Title: AT ( ) Delete  
Name: POLSTON, KATHLEEN S  
Address: 1300 S CLINTON ST  
City-St-Zip: FORT WAYNE, IN 46802

Title: SVP ( ) Delete  
Name: SMITH, MICHAEL S  
Address: 1500 MARKET STREET, SUITE 3900  
City-St-Zip: PHILADELPHIA, PA 19102

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: CORNELIO, CHARLES C  
Address: 100 NORTH GREENE STREET  
City-St-Zip: GREENSBORO, NC 27401

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

Title: SVP (X) Change ( ) Addition  
Name: SMITH, MICHAEL S  
Address: 150 N RADNOR CHESTER ROAD  
City-St-Zip: RADNOR, PA 19087

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARILYN ONDECKER

S

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date