

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 012 ***150.00

DOCUMENT # **P14924**

1. Entity Name
LINCOLN/NATIONAL MANAGEMENT SERVICES, INC.
FORT WAYNE MANAGEMENT SERVICES, INC.



Principal Place of Business
ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FT. WAYNE IN 46804
US

Mailing Address
P O BOX 7808
FT WAYNE IN 46801-7808
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1690454**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCE	<input checked="" type="checkbox"/> Delete
NAME	ROWLAND, LAWRENCE T	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN 46804	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	TYLER, WILLIAM K	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN 46804	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, TIMOTHY J	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FT. WAYNE IN 46804	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	STROUP, CHRIS C	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIGAN, PATRICIA D	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEMON, MARK D	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN 46804	

TITLE	VP/CEO/DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eckert, Raymond A.	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold, Neal E.	
STREET ADDRESS	1700 Magnavox Way	
CITY-ST-ZIP	Fort Wayne, IN 46804	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brunnegraff, Thomas J.	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE	PCEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris C. Stroup	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Eckert Senior Vice President 4/16/03

Date 877/794-7773

CR2E034 (10/02)

Attachment #

90100488
P14924

Fort Wayne Management Services, Inc.
1700 Magnavox Way
Fort Wayne, IN 46804
FEIN 35-1690454

OFFICERS
(All terms indefinite)

NAME

BUSINESS ADDRESS

Jacques E. Dubois
Chairman of the Board
877/794-7773

175 King Street
Armonk, NY 10504

Chris C. Stroup
President
Chief Executive Officer
877/794-7773

175 King Street
Armonk, NY 10504

Raymond A. Eckert
Senior VP & CFO
877/794-7773

175 King Street
Armonk, NY 10504

W. Weldon Wilson
Senior VP & General Counsel
877/794-7774

175 King Street
Armonk, NY 10504

Neal E. Arnold
Vice President
260/455-2267

1700 Magnavox Way
Fort Wayne, IN 46804

Thomas J. Brunnegraff
Vice President
877/794-7773

175 King Street
Armonk, NY 10504

James B. Keller
Vice President
260/455-3105

1700 Magnavox Way
Fort Wayne, IN 46804

Edward B. Martin
Vice President
260/455-6381

1700 Magnavox Way
Fort Wayne, IN 46804

Donna McCabe
Vice President
877/794-7773

175 King Street
Armonk, NY 10504

CONTINUED ON REVERSE