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of Last Report 01/1995 Applied For Not Applicable	
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Added to Fees x under s. 199.032, Agent	
agent.	
85 Zip Code	
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	ORATION AL REPORT	la e	Sandra B. M			
	996	DIVI	Secretary o SION OF COF			
	IENT # P37601	(2)				
L Corporation N	Name					
LNC AD	MINISTRATIVE SERV	ICES CORPORA	TION			
1700 Mag	f Business surance Place navox Way ne, IN 46804	Mailing Addres P.O. Box Fort Way	7808	46801-7808	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Plac	on of Rusiness	2a. Mailing Add	iress		02/21/1992 4. FEI Number	05/01/1995 Applied For
r. Enncipal Flac	e of Dush less	26			35-1844946	Not Applicable
Suite, Apt. #,	etc	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stati	9		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζip	Country	Zip	30	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
4	25 9. Name and Address of Curr	29 rent Registered Agen			10. Name and Address of New I	Registered Agent
				81 Name		
	NTICE-HALL CORPOR		1, INC.	82 Street Add	lress (P.O. Box Number is Not Accepta	ble)
	TH MAGNOLIA STREE SSEE, FL 32301	TT .		83		
LALLADA	35EE, FL 32301					B5 Zip Code
				[84] City		<b>[63</b> ] 210 0000
				84 City	is a desity this statement for the pu	reason of changing its registered office
	o the provisions of Sections 607.0 ad agent, or both, in the State of F	502 and 607.1508, Flo lorida, Such change w	rida Statutes, t as authorized t		oration submits this statement for the pure and of directors. I hereby accept the app	reason of changing its registered office
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## **LNC Administrative Services Corporation**

One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804 35-1844946

All Mail: P. O. Box 7808, Fort Wayne, IN 46801-7808

## **Officers**

<u>Name</u>	Business Address	Residence Address
Chairman, CEO, & President Gabriel L. Shaheen 305-60-4979	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2101 Sycamore Hills Drive Fort Wayne, IN 46804
Senior Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Vice President and	•	
General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804
Vice President and Treasurer		
Janet C. Whitney 303-54-5250	1300 S. Clinton Street Fort Wayne, IN 46801	10002 Crown Point Drive Fort Wayne, IN 46804
Vice President Diana L. Hilmer 289-38-1592	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	7045 Thamesford Drive Fort Wayne, IN 46835
Secretary C. Suzanne Womack 307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run Fort Wayne, IN 46835
Assistant Secretary Mark D. Lemon 313-82-4245	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	824 Autumn Ridge Lane Fort Wayne, IN 46804

P' CORF ANNU	ROFIT PORATION AL REPORT	ING FEE AFTE	FLORIDA DEPAF Sandra E	RTMENT C 3 Morthar fy of State	DF S1AT m e						
DOCUN 1. Corporation	Noma	69936									
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Principal Place			ling Address								
3422	GULF S	DRIVE #3 Y, FL 34652	Sa	me.							
NEW YOU	RT RICHE	4, FL 34652	2_				3. Date Incorporated o		3a. Date	of Last Re	port
2. Principal Pla	ace of Business	<u> </u>	Mailing Address				4. FEI Number 59-30103	~ ~ ~		-	oplied For of Applicable
Suite, Apt. #	, etc	26	Suite, Apt #. etc				5. Certificate of Status			\$8.75	Additional equired
City & State		27	City & State				6. Election Campaign I	-	<u>.</u>	\$5.00	May Be
3 [ Ζ <sub>1</sub> ρ	Cou	untry 28	Zip	Cou	ıntry		Trust Fund Contribu  8. This corporation has	liability for			to Fees 199 032.
4	25	29	and Agent	30	т		Florida Statutes  10. Name and Address	Yes		laent	
		Idress of Current Regist	ered Agent		81 N	anie	to. Marie die Monte				
GUPT	ra, Lali	00 43			<b>82</b> St	reet Add	ress (P.O. Box Number is N	ot Accepta	ıb·e)		
<b>5423</b>	SOULF	DR. #3			83						
NEW	VORT R	ICHEY FL3U	1652		<b>84</b> C	ity			FL	<b>85</b> Zip	Code
11. Pursuant to	o the provisions of S	Sections 607.0502 and 60	7 1508, Florida Statu	ites, the a	lbove-na	med cor	poration submits this statem	nent for the	nurgose of	changing	its reg stered
office or re	eoistered agent, or l	both, in the State of Florid accept the obligations of	a Such change was	aumorize	ео бушк	e corpora	tion's board of directors. If	ereby acc	ept the app	эшэтнеги а:	s registered
SIGNATURE _	Sep at 28 Typed or parted	man is of registering agent and the	Lappic acide (NC)	Y'T He poters	id <b>A</b> gent sa	gogt sections	red when recostating)		DATE		
12.		OFFICERS AND DIREC		13.	TITLE		ADDITIONS/CHANG	ES TO OFF	ICERS AND	DIRECTO Change	RS IN 12 Addition
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