

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37601 (2)
1. Corporation Name

LNC ADMINISTRATIVE SERVICES CORPORATION

Principal Place of Business
One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804

Mailing Address
P.O. Box 7808
Fort Wayne, IN 46801-7808

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/21/1992	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For Not Applicable
23 Zip	28 Zip	35-1844946	
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ch/CEO/P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaheen, Gabriel L.	1.2 NAME	
STREET ADDRESS	1700 Magnavox Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	1.4 CITY-ST-ZIP	
TITLE	SVP/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alford, Timothy J.	2.2 NAME	
STREET ADDRESS	1700 Magnavox Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	2.4 CITY-ST-ZIP	
TITLE	VP/T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitney, Janet C.	3.2 NAME	
STREET ADDRESS	1300 S. Clinton Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilmer, Diana L.	4.2 NAME	
STREET ADDRESS	1700 Magnavox Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Womack, C. Suzanne	5.2 NAME	
STREET ADDRESS	200 East Berry Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46801	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lemon, Mark D.	6.2 NAME	
STREET ADDRESS	1700 Magnavox Way	6.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Lemon, Assistant Secretary

4-19-96 (219) 455-4535

Date

Daytime Phone #

CR2E034 (12/95)

2-2

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>	<u>Business Address</u>	<u>Residence Address</u>
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

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 269936

1. Corporation Name

GULF DRIVE PROFESSIONAL CENTER, INC

Principal Place of Business

Mailing Address

5453 GULF DRIVE
#3

Same.

NEW PORT RICHEY, FL 34652

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUPTA, LALIT K
5453 GULF DR. #3
NEW PORT RICHEY FL 34652

81 Name

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

83

84 City

FL

85 Zip Code

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 and the filer (applicable)

(If not, Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PIS
NAME GUPTA, LALIT K
STREET ADDRESS 5453 GULF DR #3
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE T
NAME GUPTA, ANUBHA
STREET ADDRESS 5453 GULF DR #3
CITY-ST-ZIP NEW PORT RICHEY, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.95

83-847-2244

CR2E034 (12/95)