FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37601

(2)

LNC ADMINISTRATIVE SERVICES CORPORATION

Principal Place	e of B usiness	Mailing Address				# # 	
1700 MAGNAVOX WAY FT. WAYNE IN 46804 US		P. O. BOX 7808 FT. WAYNE IN 46801-7808 US					
					3. Date Incorporated or Qualified 02/21/1992	3a. Date of Last Report 04/29/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied Fo	of	
21		26		/3/1/18/44/946 35-18449	:	a 11 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	1	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Added to Fees		
Zip Country		Ζίρ			8. This corporation has liability for inta	ingible tax under s. 199.03	2,
24 25			30	Florida Statutes Yes No			
Ti IP	9, Name and Address of Curre		81	Name	10. Name and Address of New Regis	tered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET							
	LAHASSEE FL 32301		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
T F Start	D 44400EE E 4E44		83		·		
			84	City		85 Zip Code	
			51	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute of Florida, Such change was a	es, the above	named corp	poration submits this statement for the purp tion's beard of directors. I hereby accept to	oose of changing its register	red
agent. I a	m familiar with, and accept the obliq	gations of Section 607.0505, Flo	orida Statutos	i.	to no bear of one orders. Thereby accept to	is appointment as registers	^'
SIGNATURE	Signature typed or protect dame of nigistered as	count said Office Learning older (MCI)	C Donaton d And	and a femoral concession	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	or signatur negri	ADDITIONS/CHANGES TO OFFICER		
TITLE	CPD	🔀 DELFTE	1.5 101.6		hairman, CEO, Pres./Dir	Change XX Add	Jition
NAME	SHAHEEN, GABRIEL L 1.2 NAME			awrence T. Rowland			
\$TREET ADDRESS	1700 MAGNAVOX WAY		1.3 S7REL1		700 Magnavox Way		
CITY-ST-ZIP	FORT WAYNE IN 46804	Tongs	1.4 CITY - S	1 - 7H' F (ort Wayne, IN 46804		51 I
TITLE	SVPD ALFORD, TIMOTHY J	[] סנונונ	2.1 10118			L Change	lition]
NAME	1700 MAGNAVOX WAY		2.2 NAME	4 in factor on			
STREET ADDRESS CITY-ST-ZIP	FT. WAYNE IN 46804		2.3 STHLLT 2.4 CITY-5				ļ
TITLE	S	DECETE	3.1 1171.5	11-71		xx Change Ado	lition
NAME	WOMACK, C. SUZANNE		3.2 NAME			_ • •	
STREET ADDRESS	200 E BERRY ST.		3 3 STREET	ADDRESS			
CITY-ST-ZIP	FT. WAYNE IN 46804		3.4. CITY - S	31 - 71 ⁵	46801		
TITLE	VPT	☐ DELETË	4.1 TITLE			XX Change Add	lition
NAME	WHITNEY, JANET C		4. 2 NAME				
STREET ADDRESS	1300 S. CLINTON ST.		4.3 STHEET		00 East Berry Street		
CITY-ST-ZIP	FORT WAYNE IN 46804	T for the first	4.4 CITY - S	1 - 719	46801		
TITLE	vp Hilmer, Diana L	DELETE	5 1 1HLF			Change Add	AEIOTI
STREET ADDRESS 1700 MAGNAVOX WAY			5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP	FORT WAYNE IN 46804						
TITLE	AS	DETETE	61 HILL	1 - 516		Change Add	Jition
NAME	LEMON, MARK D	•	6.2 NAME				
STREET ADDRESS 1700 MAGNAVOX WAY			63 STREE				
A171 A7 A10	ET WAYNE IN ARROA						

CICNIATURE.

Manila D. Tama

I do 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 annual report or supplemental annual report is true, and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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(010) / 55 / 505

FILED

May 01 1997 8:00am

Secretary of State

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 Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
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
Senior Vice President and Assistant Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
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	200 East Berry 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
Vice President Joni Lehman 279-54-0028	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	11303 Dell Loch Way Fort Wayne, IN 46804
Vice President Thomas P. Riehm 315-48-4636	One Reinsurance Piace 1700 Magnavox Way Fort Wayne, IN 46804	8823 Walnut Ridge Drive New Haven, IN 46774
Secretary C. Suzanne Womack 307-52-8679	200 East Berry Street Fort Wayne, IN 46801	5501 Chiswell Run Fort Wayne, IN 46835