

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90076 003 ***150.00

DOCUMENT # P37601

1. Entity Name

LNC ADMINISTRATIVE SERVICES CORPORATION

Principal Place of Business

One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
US

Mailing Address

P.O. Box 7808
Fort Wayne, IN 46801-7808
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1844946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
110 North Magnolia Street
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Chairman/CEO/P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowland, Lawrence T.	NAME	
STREET ADDRESS	1700 Magnavox Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	CITY-ST-ZIP	
TITLE	SVP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alford, Timothy J.	NAME	
STREET ADDRESS	1700 Magnavox Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	CITY-ST-ZIP	
TITLE	SVP/T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyler, William K.	NAME	
STREET ADDRESS	1700 Magnavox Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	CITY-ST-ZIP	
TITLE	VP/GC/ <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prosser, Raymond L.	NAME	
STREET ADDRESS	1700 Magnavox Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilmer, Diana L.	NAME	
STREET ADDRESS	1700 Magnavox Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46804	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose, Cynthia A.	NAME	
STREET ADDRESS	1300 S. Clinton Street	STREET ADDRESS	
CITY-ST-ZIP	Fort Wayne, IN 46802	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark D. Lemon, Assistant Secretary

Date

4-17-00 (219) 455-4535

Daytime Phone #

CR2E034 (9/99)

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

*attach.
COO 7/6/98
P37601*

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
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
Sr. Vice President & 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 & General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	7724 Inverness Glens Drive Fort Wayne, IN 46804
Vice President Diana L. Hilmer 289-38-1592	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3011 Covington Reserve Pkwy. Fort Wayne, IN 46804
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 Place 1700 Magnavox Way Fort Wayne, IN 46804	8823 Walnut Ridge Drive New Haven, IN 46774
Secretary Cynthia A. Rose 311-64-8908	1300 South Clinton Street Fort Wayne, IN 46802	3380 West 1200 North Decatur, IN 46733
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

Directors

Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815

All terms are indefinite.