State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
117690	Lincoln Retirement Services Company, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
INDIANA	PROVIDE RECORDKEEPING, COMPLIANCE, AND ADMINISTRATIVE SERVICES FOR RETIREMENT SAVINGS PROGRAMS OFFERED BY EMPLOYERS

5. Principal office address	City	State	Zip
1300 S. Clinton Street	Fort Wayne	IN	46802

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kelly D. Clevenger	Manager

Street Address	City	State	Zip
1300 S. Clinton Street	Fort Wayne	IN	46802

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Kelly D. Clevenger	1300 S. Clinton Street	Fort Wayne	IN	46802
Michael S. Smith	1500 Market Street, Suite 3900	Philadelphia	PA	19102
Westley V. Thompson	350 Church Street	Hartford	CT	06103

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

File Date	FILED
Check No.	NOV 19 2007
By:	By A 1365 2462

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Kelly D Clevenger — 10/30/07
Signature of Authorized Person — *Date*

[redacted] Kelly Clevenger
Print or Type Name of Authorized Person

Form 632 Rev. 07/07