



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 121039		2. Name of Corporation Lincoln Retirement Advisors, Inc.		
3. Street Address Principal Business Office 10 N. Martingale Road		City Schaumburg	State IL	Zip 60173
4. Business Phone No. 708-403-5936		5. State of Incorporation ILLINOIS		6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF VARIABLE PRODUCTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert Bond		Vice President Name Maureen A. Klouda		
Street Address 1300 S. Clinton		Street Address 10 N. Martingale Rd		
City Ft. Wayne	State IN	Zip 46802	City Schaumburg	State IL
Secretary Name Joyce Byrer		Treasurer Name Frederick Crawford		
Street Address 1300 S. Clinton St		Street Address 1500 Market St, West Tower 39th Fl 207 Garden Pl		
City Ft. Wayne	State IN	Zip 46802	City Philadelphia	State PA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Robert Bond		Director Name Maureen Klouda		
Street Address 1300 S. Clinton		Street Address 10 N. Martingale Rd		
City Ft. Wayne	State IN	Zip 46802	City Schaumburg	State IL
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100,000	COMM NO PAR VALUE		100	COMM NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
			100	COMM NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



121039

FILED

File Date **APR 04 2005**
Check No. _____
By **[Signature]**

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.

[Signature] 11/11/05
Signature of Officer Date
Maureen A. Klouda
Print or Type Name of Officer
VP
Title of Officer