

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:58

DOCUMENT # 802939 (9)

1. Corporation Name  
LINCOLN NATIONAL SPECIALTY INSURANCE COMPANY

Principal Place of Business      Mailing Address  
1712 MAGNAVOX WAY      500 NORTH MERIDIAN STREET  
P.O. BOX 2339      INDIANAPOLIS IN 46204  
FORT WAYNE IN 46801      US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
05/15/1926      02/01/1994

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
48-0470690      Not Applicable

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.

5. Certificate of Status Desired      \$8.75 Additional Fee Required

23. City & State      28. City & State

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

24. Zip      25. Country      29. Zip      30. Country

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

FLORIDA STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

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 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 PD  
NAME ANKER ROBERT A.  
STREET ADDRESS 1300 S CLINTON ST  
CITY-ST-ZIP FORT WAYNE IN

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

TITLE V  
NAME QUINTANO, RICHARD A.  
STREET ADDRESS 1712 MAGNAVOX WAY  
CITY-ST-ZIP FORT WAYNE IN

2.1 TITLE VD  
2.2 NAME QUINTANO, RICHARD A.  
2.3 STREET ADDRESS 1712 MAGNAVOX WAY  
2.4 CITY-ST-ZIP FORT WAYNE, IN  Change  Addition

TITLE T  
NAME STEPHENSON, TODD R.  
STREET ADDRESS 500 N. MERIDIAN STREET  
CITY-ST-ZIP INDIANAPOLIS IN

3.1 TITLE TD  
3.2 NAME STEPHENSON, TODD R.  
3.3 STREET ADDRESS 500 NORTH MERIDIAN STREET  
3.4 CITY-ST-ZIP INDIANAPOLIS, IN 46204  Change  Addition

TITLE S  
NAME WOMACK, C. SUZANNE  
STREET ADDRESS 1300 S. CLINTON STREET  
CITY-ST-ZIP FORT WAYNE IN

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

TITLE ~~XX~~  
NAME ~~XROBERT ANKER~~  
STREET ADDRESS ~~X1300 S CLINTON ST~~  
CITY-ST-ZIP ~~XFORT WAYNE IN 46801~~

5.1 TITLE D  
5.2 NAME GREGORY, EUGENE  
5.3 STREET ADDRESS 2801 S. HORTON STREET  
5.4 CITY-ST-ZIP FORT SCOTT, KS  Change  Addition

TITLE D  
NAME STUART, EUGENE M.  
STREET ADDRESS 2801 S. HORTON STREET  
CITY-ST-ZIP FT. SCOTT KS

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

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 110.07(3)(B), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on no other form with an address.

SIGNATURE: Todd R. Stephenson, Todd R. Stephenson      1/19/95      (317) 262-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number