

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **802939 (9)**  
1. Corporation Name  
**LINCOLN NATIONAL SPECIALTY INSURANCE COMPANY**



Principal Place of Business: **1712 MAGNAVOX WAY, P.O. BOX 2338, FORT WAYNE IN 46801**  
Mailing Address: **500 NORTH MERIDIAN STREET, INDIANAPOLIS IN 46204, US**

3. Date Incorporated or Qualified: **05/15/1926**  
3a. Date of Last Report: **01/30/1995**

21. Principal Place of Business: State, Apt. #, etc.; City & State; Zip; Country  
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country  
23. City & State  
24. Zip; Country

4. FEI Number: **48-0470690**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FLORIDA STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ANKER ROBERT A. 1300 S CLINTON ST FORT WAYNE IN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKER ROBERT A.	1.2 NAME	
STREET ADDRESS	1300 S CLINTON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT WAYNE IN	1.4 CITY - ST - ZIP	
TITLE	VD QUINTANO, RICHARD A. 1712 MAGNAVOX WAY FORT WAYNE IN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANO, RICHARD A.	2.2 NAME	
STREET ADDRESS	1712 MAGNAVOX WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT WAYNE IN	2.4 CITY - ST - ZIP	
TITLE	TD STEPHENSON, TODD R. 500 N. MERIDIAN STREET INDIANAPOLIS IN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, TODD R.	3.2 NAME	
STREET ADDRESS	500 N. MERIDIAN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	3.4 CITY - ST - ZIP	
TITLE	S WOMACK, C. SUZANNE 1300 S. CLINTON STREET FORT WAYNE IN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOMACK, C. SUZANNE	4.2 NAME	
STREET ADDRESS	1300 S. CLINTON STREET	4.3 STREET ADDRESS	S OBER, THOMAS M. 5262 N. CENTRAL AVENUE INDIANAPOLIS, IN 46220
CITY - ST - ZIP	FORT WAYNE IN	4.4 CITY - ST - ZIP	
TITLE	D GREGORY, EUGENE 2801 S. HORTON STREET FORT SCOTT KS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, EUGENE	5.2 NAME	
STREET ADDRESS	2801 S. HORTON STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SCOTT KS	5.4 CITY - ST - ZIP	
TITLE	D STUART, EUGENE M. 2801 S. HORTON STREET FT. SCOTT KS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, EUGENE M.	6.2 NAME	
STREET ADDRESS	2801 S. HORTON STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. SCOTT KS	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Ober* THOMAS M. OBER, SECRETARY 1/18/96 (317) 262-6797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)