

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 805087 (4)
 1. Corporation Name
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business: **1300 SOUTH CLINTON STREET FT. WAYNE IN. 46802-3506**
 Mailing Address: **1300 SOUTH CLINTON STREET FT. WAYNE IN. 46802-3506**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1939	3a. Date of Last Report 03/26/1996
21	22	26	27	4. FEI Number 35-0472300	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25	29	30	9. Name and Address of Current Registered Agent		

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL. FL 32399**

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 _____ (NOTE: Registered Agent's signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLAND, IAN M	1.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46802	1.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKER, ROBERT A.	2.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN 46802	2.4 CITY-ST-ZIP	
TITLE	PDCO <input type="checkbox"/> DELETE	3.1 TITLE	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCIA, JON A	3.2 NAME	
STREET ADDRESS	1300 SO CLINTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, SUZANNE C.	4.2 NAME	Womack, C. Suzanne
STREET ADDRESS	1300 SO CLINTON ST	4.3 STREET ADDRESS	200 East Berry Street
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	Fort Wayne, In 46802
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T
STREET ADDRESS		5.3 STREET ADDRESS	Whitney, Janet C.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	200 East Berry Street
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Suzanne C. Womack* **4/27/97 219-455-3652**

CR2E034 (9/96)