

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 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 35-0472300	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New 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
85 Zip Code
FL

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	ROLLAND, IAN M 200 EAST BERRY STREET FORT WAYNE IN 46802	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD	ANKER, ROBERT A. 200 EAST BERRY STREET FORT WAYNE IN 46802	1.2 NAME	
TITLE: PDCO	BOSCIA, JON A 1300 SO CLINTON ST FORT WAYNE IN	1.3 STREET ADDRESS	
TITLE: S	WOMACK, SUZANNE C. 1300 SO CLINTON ST FORT WAYNE IN	1.4 CITY - ST - ZIP	
TITLE: [] DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		2.2 NAME	
TITLE: [] DELETE		2.3 STREET ADDRESS	
TITLE: [] DELETE		2.4 CITY - ST - ZIP	
TITLE: [] DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		3.2 NAME	
TITLE: [] DELETE		3.3 STREET ADDRESS	
TITLE: [] DELETE		3.4 CITY - ST - ZIP	
TITLE: [] DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		4.2 NAME	
TITLE: [] DELETE		4.3 STREET ADDRESS	
TITLE: [] DELETE		4.4 CITY - ST - ZIP	
TITLE: [] DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [] DELETE		5.2 NAME	
TITLE: [] DELETE		5.3 STREET ADDRESS	
TITLE: [] DELETE		5.4 CITY - ST - ZIP	
TITLE: [] DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		6.2 NAME	
TITLE: [] DELETE		6.3 STREET ADDRESS	
TITLE: [] DELETE		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)