

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805087 (4)

1. Corporation Name
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 1300 SOUTH CLINTON STREET FT. WAYNE IN. 48802-3506	Mailing Address 1300 SOUTH CLINTON STREET FT. WAYNE IN. 48802-3506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1939	
21		26		4. FEI Number 35-0472300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		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		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL. FL 32389				10. Name and Address of New Registered Agent	
				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 signature required when reinstating) 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	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, JANET C	2.2 NAME	
STREET ADDRESS	200 EAST BERRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	3.1 TITLE	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	200 East Berry Street
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	Fort Wayne, IN 46802
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	
STREET ADDRESS	200 EAST BERRY STREET	4.3 STREET ADDRESS	200 East Berry Street
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PCEOD
STREET ADDRESS		5.3 STREET ADDRESS	Gabriel L. Shaheen
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1300 South Clinton Street Fort Wayne, Indiana 46802
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 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 _____ DATE **4/16/98** 719-455-3657

CR2E034 (10/97)