

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

**FILED**  
**Mar 03 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 # 838468 (7)**  
 1. Corporation Name  
**LINCOLN MEMORIAL LIFE INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**P.O. BOX 160163 AUSTIN TX 78716** **P.O. BOX 160163 AUSTIN TX 78716-0163**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/24/1977</b>	3a. Date of Last Report <b>10/04/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>74-2552026</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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 <b>TSVD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAPPLEMAN, L.J.</b>		1.2 NAME	
STREET ADDRESS <b>110 WILD BASIN RD. #370</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUSTIN TX</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POWLING, NICHOLAS M</b>		2.2 NAME	
STREET ADDRESS <b>110 WILD BASIN RD., #370</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUSTIN TX</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUTTON, RANDALL K.</b>		3.2 NAME	
STREET ADDRESS <b>110 WILD BASIN RD. #370</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUSTIN TX</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASSITY, JAMES T</b>		4.2 NAME	
STREET ADDRESS <b>110 WILD BASIN RD. #370</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUSTIN TX</b>		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PROVINCE, NEKOL</b>		5.2 NAME	
STREET ADDRESS <b>110 WILD BASIN RD. #370</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUSTIN TX</b>		5.4 CITY-ST-ZIP	
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; that I am a partner 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 of this report or in an attachment with an address.

**SIGNATURE:** *[Signature]* **2-22-97** **800-283-8840**  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)