

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

FILED

May 05 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # 838468 (7)
1. Corporation Name
LINCOLN MEMORIAL LIFE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 160163 AUSTIN TX 78718
Mailing Address: P.O. BOX 160163 AUSTIN TX 78716

3. Date Incorporated or Qualified: 05/24/1977

2. Principal Place of Business: P.O. Box 160050 Austin, TX
2a. Mailing Address: P.O. Box 160050 Austin, TX

4. FEI Number: 74-2552026
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, CAPITOL BUILDING, TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address, B3, B4 City, B5 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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	TSVD CAPPLEMAN, L.J. 110 WILD BASIN RD. #370 AUSTIN TX
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD POWLING, NICHOLAS M 110 WILD BASIN RD., #370 AUSTIN TX
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD SUTTON, RANDALL K. 110 WILD BASIN RD. #370 AUSTIN TX
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D CASSITY, JAMES T 110 WILD BASIN RD. #370 AUSTIN TX
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD PROVINCE, NEKOL 110 WILD BASIN RD. #370 AUSTIN TX
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1250 S. Capital of TX Hwy, Bldg. 3, #100
1.4 CITY-ST-ZIP	Austin, TX 78746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1250 S. Capital of TX Hwy, Bldg. 3 #100
2.4 CITY-ST-ZIP	Austin, TX 78746
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1250 S. Capital of TX Hwy, Bldg. 3, #100
3.4 CITY-ST-ZIP	Austin, TX 78746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1250 S. Capital of TX Hwy., Bldg. 3, #100
4.4 CITY-ST-ZIP	Austin, TX 78746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1250 S. Capital of TX Hwy., Bldg. 3, #100
5.4 CITY-ST-ZIP	Austin, TX 78746
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002512433
6.3 STREET ADDRESS	-05/06/98--01006--037
6.4 CITY-ST-ZIP	***158.75

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 by an attachment with an address

SIGNATURE: _____

CP2E034 (10/97)