

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DIVISION OF CORPORATIONS
95 FEB 20 AM 11:00

DOCUMENT # **819559** (6)

1. Corporation Name
LINCOLN AMERICAN LIFE INSURANCE COMPANY.

Principal Place of Business	Mailing Address
11815 N. PENNSYLVANIA P.O. BOX 1911 CARMEL IN 46032-4572	11815 N. PENNSYLVANIA P.O. BOX 1911 CARMEL IN 46032-4572

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/06/1966	04/26/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	62-0594777	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
INSURANCE COMMISSIONER AND TREASURER CAPITOL BLDG. TALLAHASSEE FL 32301				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, ROLLIN M.	1.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONGAWARE, DONALD F.	2.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	2.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBERT, STEPHEN C.	3.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	3.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INLOW, LAWRENCE W.	4.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	4.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNEO, NGAIRE E.	5.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	5.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
CITY - ST - ZIP	CARMEL IN 46032	5.4 CITY - ST - ZIP	New York, New York 10151
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES S.	6.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA	6.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN 46032	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 this corporation or its owner or limited partner or authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Burkett, Jr. 2/13/95 (317) 817-6111

(Typed Name) (Typed Title)