FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **819559** **(6)**

1. Corporation Name
LINCOLN AMERICAN LIFE INSURANCE COMPANY.

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

Mailing Address
11815 N. PENNSYLVANIA
P.O. BOX 1911
CARMEL IN 46032-4572

3. Date Incorporated or Qualified: 05/06/1966
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 62-0594777 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER AND TREASURER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 & title, if applicable (NOTE: Registered Agent signature required if other than filing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	DICK, ROLLIN M.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	PD	☐ DELETE
NAME	GONGAWARE, DONALD F.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	CD	☐ DELETE
NAME	HILBERT, STEPHEN C.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	VSD	☐ DELETE
NAME	INLOW, LAWRENCE W.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	D	☐ DELETE
NAME	CUNEO, NGAIRE E.	
STREET ADDRESS	745 5TH AVE SUITE 2700	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	☐ DELETE
NAME	ADAMS, JAMES S.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Tyson, Lynn	
1.3 STREET ADDRESS	11815 N. Pennsylvania St.	
1.4 CITY-ST-ZIP	Carmel, IN 46032	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Gongaware, Donald F.	
2.3 STREET ADDRESS	11815 N. Pennsylvania St.	
2.4 CITY-ST-ZIP	Carmel, IN 46032	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	Cuneo, Ngaire E.	
3.3 STREET ADDRESS	745 Fifthe Ave., Suite 2700	
3.4 CITY-ST-ZIP	Carmel, IN 46032	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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ASB 4-12-96

CR2E034 (12/95)

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 119.07(3)(k), 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: Lawrence W. Inlow — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (317) 817-6100 Daytime Phone #