

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**

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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 State: **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: _____ DATE: _____
Signatures typed or printed name of registered agent and director. (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONGAWARE, DONALD F.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	INLOW, LAWRENCE W.	
STREET ADDRESS	11815 N. PENNSYLVANIA	
CITY-ST-ZIP	CARMEL IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNEO, NGAIRE E.	
STREET ADDRESS	745 5TH AVE SUITE 2700	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900001779259
-04/15/96--0101--088
***200.00

4-12-89

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, unchanged, or on an attachment with an address

SIGNATURE: *Lawrence W. Inlow* Lawrence W. Inlow (317) 817-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)

CR2E034 (12/95)