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Feb 18 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 # 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 46032-4911



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1966		3a. Date of Last Report 04/12/1996	
21		26		4. FEI Number 62-0594777		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 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 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			
				85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	COBD
NAME	DICK, ROLLIN M	1.2 NAME	Hilbert, Stephen C.
STREET ADDRESS	11815 N. PENNSYLVANIA	1.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	CARMEL IN	1.4 CITY - ST - ZIP	Carmel, IN 46032
TITLE	VD	2.1 TITLE	P
NAME	GONGAWARE, DONALD F	2.2 NAME	Gongaware, Donald F.
STREET ADDRESS	11815 N. PENNSYLVANIA	2.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	CARMEL IN	2.4 CITY - ST - ZIP	Carmel, IN 46032
TITLE	CD	3.1 TITLE	EVPS
NAME	HILBERT, STEPHEN C	3.2 NAME	Inlow, Lawrence W.
STREET ADDRESS	11815 N. PENNSYLVANIA	3.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	CARMEL IN	3.4 CITY - ST - ZIP	Carmel, IN 46032
TITLE	VSD	4.1 TITLE	D
NAME	INLOW, LAWRENCE W	4.2 NAME	Inlow, Lawrence W.
STREET ADDRESS	11815 N. PENNSYLVANIA	4.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	CARMEL IN	4.4 CITY - ST - ZIP	Carmel, IN 46032
TITLE	VD	5.1 TITLE	SVPT
NAME	CUNEO, NGAIRE E	5.2 NAME	Adams, James S.
STREET ADDRESS	745 5TH AVE SUITE 2700	5.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	Carmel, IN 46032
TITLE	VT	6.1 TITLE	SVPA
NAME	ADAMS, JAMES S	6.2 NAME	Ruhl, Ronald F.
STREET ADDRESS	11815 N. PENNSYLVANIA	6.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY - ST - ZIP	CARMEL IN 46032	6.4 CITY - ST - ZIP	Carmel, IN 46032

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 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: _____ DATE: 2-11-97 DAYTIME PHONE: (317)817-6163

CR2E034 (9/96)