FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:22

DOCUMENT # **F94000000522 (2)**

1. Corporation Name
LINCOLN NATIONAL REINSURANCE COMPANY

Principal Place of Business	Mailing Address
500 N. MERIDIAN ST INDIANAPOLIS IN 46204	500 N. MERIDIAN ST INDIANAPOLIS IN 46204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

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: 35-1495208 ☐ 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

RIDGEWELL, JAMES E
% AMERICAN STATES INSURANCE CO.
2201 LUCIEN WAY
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ANKER, ROBERT A	1.2 NAME	
STREET ADDRESS	1300 S. CLINTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GALLOGLY, JEROME T	2.2 NAME	
STREET ADDRESS	500 N. MERIDIAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPLOIS IN	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCURLEY, F. CEDRIC	3.2 NAME	
STREET ADDRESS	500 N. MERIDIAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ROESLER, MAX A	4.2 NAME	
STREET ADDRESS	1300 S. CLINTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	OBER, THOMAS M	5.2 NAME	
STREET ADDRESS	500 N. MERIDIAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BARTHEL, F. ERNEST	6.2 NAME	
STREET ADDRESS	500 N. MERIDIAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	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 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: Thomas M. Ober, Thomas M. Ober 1/19/95 (317) 262-6797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476108 FP