

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P04491 (7)**

1. Corporation Name

**LINCOLN NATIONAL REASSURANCE COMPANY**



Principal Place of Business

**ONE REINSURANCE PLACE  
1700 MAGNAVOX WAY  
FORT WAYNE IN 46804  
US**

Mailing Address

**P.O. BOX 7808  
FORT WAYNE IN 46801-7808  
US**

3. Date Incorporated or Qualified  
**12/27/1984**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FLI Number

**06-1067046**

Applied For  
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

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

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
FLORIDA DEPT. OF INSURANCE  
TALLAHASSEE FL 32301**

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 607.1509, 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 the corporation)

(If CLE Registered Agent Signature required, attach certificate)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	SHAHEEN, GABRIEL L	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-STATE-ZIP	FORT WAYNE IN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOMACK, C. SUZANNE	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-STATE-ZIP	FORT WAYNE IN	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ROESLER, MAX A.	
STREET ADDRESS	1300 SOUTH CLINTON ST	
CITY-STATE-ZIP	FORT WAYNE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARK, KENNETH J.	
STREET ADDRESS	1700 MAGNAVOX PLACE	
CITY-STATE-ZIP	FORT WAYNE IN	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	HOREIN, JAMES R.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-STATE-ZIP	FORT WAYNE IN	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	CANTRELL, JOHN D. JR.	
STREET ADDRESS	1700 MAGNAVOX PLACE	
CITY-STATE-ZIP	FORT WAYNE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Shaheen, Gabriel L.
13. STREET ADDRESS	
14. CITY-STATE-ZIP	46804
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	46801
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	V/T Whitney, Janet C.
33. STREET ADDRESS	1300 S. Clinton Street
34. CITY-STATE-ZIP	Fort Wayne, IN 46801
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	1700 Magnavox Way
44. CITY-STATE-ZIP	46804
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	46804
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	SVP/D Tyler, William K.
63. STREET ADDRESS	1700 Magnavox Way
64. CITY-STATE-ZIP	Fort Wayne, IN 46804

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark D. Lemon, Assistant Secretary**

**4-17-96**

(219) 455-4535

Date

Daytime Phone #

CR2034 (12/95)