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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: **04/24/1996**

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

4. FEI Number: **06-1067046** 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**
FLORIDA INSURANCE COMMISSIONER
FLORIDA DEPT. OF INSURANCE
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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES	☒ DELETE
NAME	SHAHENN, GABRIEL L	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	S	☐ DELETE
NAME	WOMACK, C. SUZANNE	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VT	☒ DELETE
NAME	ROESLER, MAX A.	
STREET ADDRESS	1300 SOUTH CLINTON ST	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VD	☐ DELETE
NAME	CLARK, KENNETH J.	
STREET ADDRESS	1700 MAGNAVOX PLACE	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	SVD	☒ DELETE
NAME	HOREIN, JAMES R.	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	SV	☒ DELETE
NAME	CANTRELL, JOHN D. JR.	
STREET ADDRESS	1700 MAGNAVOX PLACE	
CITY-ST-ZIP	FORT WAYNE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	☐ Change ☒ Addition
1.2 NAME	Lawrence T. Rowland	
1.3 STREET ADDRESS	1700 Magnavox Way	
1.4 CITY-ST-ZIP	Fort Wayne, IN 46804	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P./Treasurer	☐ Change ☒ Addition
3.2 NAME	Janet C. Whitney	
3.3 STREET ADDRESS	200 East Berry Street	
3.4 CITY-ST-ZIP	Fort Wayne, IN 46801	
4.1 TITLE	Sr. Vice President	☒ 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		

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: _____ Mark R. Lemon 4-21-97 (219) 455-4535

CR2E034 (9/96)

Lincoln National Reassurance Company
One Reinsurance Place
1700 Magnavox Way
Fort Wayne, IN 46804
06-1067046

All Mail: P. O. Box 7808, Fort Wayne, IN 46801-7808

Officers

Name	Business Address	Residence Address
President Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
Senior Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Senior Vice President Donald C. Chambers, M.D. 309-36-7777	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1212 Westover Road Fort Wayne, IN 46807
Senior Vice President Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Senior Vice President David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Senior Vice President and Assistant Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Vice President Neal E. Arnold 314-58-8491	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
Vice President Arthur W. DeTore, M.D. 029-44-7865	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	14118 Whiskey Creek Drive Fort Wayne, IN 46804
Vice President and General Counsel Raymond L. Prosser 316-46-5920	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	3823 Blythewood Place Fort Wayne, IN 46804