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May 01 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 # **P04491** **(7)**

1. Corporation Name
LINCOLN NATIONAL REASSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FORT WAYNE IN 46804 US	P.O. BOX 7808 FORT WAYNE IN 46801-7808 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 04/24/1996
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	☒ DELETE	1.1 TITLE	President/Director	☐ Change ☒ Addition
NAME	SHAHENN, GABRIEL L		1.2 NAME	Lawrence T. Rowland	
STREET ADDRESS	1700 MAGNAVOX WAY		1.3 STREET ADDRESS	1700 Magnavox Way	
CITY-ST-ZIP	FORT WAYNE IN		1.4 CITY-ST-ZIP	Fort Wayne, IN 46804	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOMACK, C. SUZANNE		2.2 NAME		
STREET ADDRESS	200 EAST BERRY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		2.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	3.1 TITLE	V.P./Treasurer	☐ Change ☒ Addition
NAME	ROESLER, MAX A.		3.2 NAME	Janet C. Whitney	
STREET ADDRESS	1300 SOUTH CLINTON ST		3.3 STREET ADDRESS	200 East Berry Street	
CITY-ST-ZIP	FORT WAYNE IN		3.4 CITY-ST-ZIP	Fort Wayne, IN 46801	
TITLE	VD	☐ DELETE	4.1 TITLE	Sr. Vice President	☒ Change ☐ Addition
NAME	CLARK, KENNETH J.		4.2 NAME		
STREET ADDRESS	1700 MAGNAVOX PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		4.4 CITY-ST-ZIP		
TITLE	SVD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOREIN, JAMES R.		5.2 NAME		
STREET ADDRESS	1700 MAGNAVOX WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		5.4 CITY-ST-ZIP		
TITLE	SV	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CANTRELL, JOHN D. JR.		6.2 NAME		
STREET ADDRESS	1700 MAGNAVOX PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 P. Lemon 4-21-97 (219) 455-4535

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