


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P04491 (7)</b> 1. Corporation Name <b>LINCOLN NATIONAL REASSURANCE COMPANY</b>		

Principal Place of Business <b>ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FORT WAYNE IN 46804 US</b>	Mailing Address <b>P.O. BOX 7808 FORT WAYNE IN 46801-7808 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>06-1067046</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER FLORIDA DEPT. OF INSURANCE TALLAHASSEE FL 32301</b>				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	ROWLAND, LAWRENCE T.	1.1 TITLE			
STREET ADDRESS	1700 MAGNAVOX WAY			1.2 NAME			
CITY-ST-ZIP	FT. WAYNE IN			1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	S	NAME	WOMACK, C. SUZANNE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	200 EAST BERRY STREET			2.2 NAME			
CITY-ST-ZIP	FORT WAYNE IN			2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	VPT	NAME	WHITNEY, JANET D.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	20 E. BERRY STREET			3.2 NAME	Middle initial is: C		
CITY-ST-ZIP	FORT WAYNE IN			3.3 STREET ADDRESS	Address should be: 200 E. Berry Street		
				3.4 CITY-ST-ZIP			
TITLE	SVP	NAME	CLARK, KENNETH J.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1700 MAGNAVOX PLACE			4.2 NAME			
CITY-ST-ZIP	FORT WAYNE IN			4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	SVP	NAME	HOREIN, JAMES R.	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1700 MAGNAVOX WAY			5.2 NAME	Senior Vice President		
CITY-ST-ZIP	FORT WAYNE IN			5.3 STREET ADDRESS	Alford, Timothy J.		
				5.4 CITY-ST-ZIP	1700 Magnavox Way		
TITLE	SV	NAME	CANTRELL, JOHN D. JR.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1700 MAGNAVOX PLACE			6.2 NAME	Senior Vice President		
CITY-ST-ZIP	FORT WAYNE IN			6.3 STREET ADDRESS	Hopper, David A.		
				6.4 CITY-ST-ZIP	1700 Magnavox Way		

14. I 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 my address.

SIGNATURE:

 (Mark D. Lemon)

1-12-98

(219) 455-4535

CR2E034 (10/97)

**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

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
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