

No. 058370	Idaho Corporation Annual Report Form		2. Registered Agent and Office						
Return To	Due No Later Than November 1, 1988		PRENTICE-HALL CORP SYSTEMS ONE CAPITAL CENTER, 999 BOISE, IDAHO 83702						
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 058370								
SEC. OF STATE	LINCOLN NATIONAL ADMINISTRATIVE C/O TAX DEPT. 1300 SOUTH CLINTON STREET FORT WAYNE, INDIANA 46801		3. Incorporated Under The Laws of						
OCT 28 AM 10 06			STATE OF INDIANA NOV 1 1988						
4. Names and Addresses of Officers and Directors									
<table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> </table>					Name	Street or P.O. Address	City	State	Zip
Name	Street or P.O. Address	City	State	Zip					
President:									
Secretary:									
Directors:									
SEE ATTACHED									
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.							
Provide Administrative Services									
		Signature <i>Lois M. Hoelle</i> Name (Typed or Printed) Lois M. Hoelle		Date 10-24-88 Title Asst. Secretary					

OFFICERS

Howard E. Steele

Chairman and Chief Executive Officer

Stephen H. Berkey

President

Thomas M. West

Executive Vice President

William J. Lawson

Senior Vice President

Robert A. Nikels

Senior Vice President

William K. Tyler

Senior Vice President

Robert P. Ambrisco

Vice President

William L. Bogardus

Vice President and Actuary

Raymond H. Borst

Vice President

Kenneth J. Clark

Vice President

James R. Horein

Vice President

G. Michael Morehouse

Vice President

Ernest D. Nine

Vice President

Wallace C. Orr

Vice President

Max A. Roesler

Vice President and Treasurer

William R. Talcott

Vice President

Secretary

C. Suzanne Womack

DIRECTORS

Stephen H. Berkey

William J. Lawson

Robert A. Nikels

Howard E. Steele

William K. Tyler

Thomas M. West

A. Please correct any pre-

B. You may change the in  
address must be the ph  
any necessary changes

C. You must enter complete

D. This report must be sig  
agent or attorney is NOT

E. Return completed annual

ort form. The registered office  
r business hours. Please make

ir, office manager, accountant,