

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 037 ***150.00

DOCUMENT # 805087

1. Entity Name

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**1300 SOUTH CLINTON STREET
 FT. WAYNE IN. 46802-3506**

**1300 SOUTH CLINTON STREET
 FT. WAYNE IN. 46802-3506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0472300**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL. FL 32399**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	WHITNEY, JANET C	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSCIA, JON A	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	SHAHEEN, GABRIEL L	
STREET ADDRESS	1300 SOUTH CLINTON STREET	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Centre Square, West Tower	
CITY-ST-ZIP	1500 Market Street, Suite 3900 Philadelphia, PA 19102-2112	
TITLE	D,P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Centre Square, West Tower	
CITY-ST-ZIP	1500 Market Street, Suite 3900 Philadelphia, Pa 19102-2112	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 South Clinton Street	
CITY-ST-ZIP	Fort Wayne, Indiana 46802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia A. Rose
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia A. Rose, Secretary

4/13/00

Date

219-455-3404

Daytime Phone #

CE 004-0000