

# 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  Delete  
 NAME **WHITNEY, JANET C**  
 STREET ADDRESS **200 EAST BERRY STREET**  
 CITY-ST-ZIP **FORT WAYNE IN**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **Centre Square, West Tower**  
 CITY-ST-ZIP **1500 Market Street, Suite 3900 Philadelphia, PA 19102-2112**

D  Delete  
 NAME **BOSCIA, JON A**  
 STREET ADDRESS **200 EAST BERRY STREET**  
 CITY-ST-ZIP **FORT WAYNE IN 46802**

Change  Addition  
 TITLE **D,P**  
 NAME  
 STREET ADDRESS **Centre Square, West Tower**  
 CITY-ST-ZIP **1500 Market Street, Suite 3900 Philadelphia, Pa 19102-2112**

S  Delete  
 NAME **ROSE, CYNTHIA A**  
 STREET ADDRESS **200 EAST BERRY STREET**  
 CITY-ST-ZIP **FORT WAYNE IN**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **1300 South Clinton Street**  
 CITY-ST-ZIP **Fort Wayne, Indiana 46802**

Delete  
 TITLE  
 NAME **PCEO SHAHEEN, GABRIEL L**  
 STREET ADDRESS **1300 SOUTH CLINTON STREET**  
 CITY-ST-ZIP **FORT WAYNE IN 46802**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 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*

**Cynthia A. Rose, Secretary**

4/13/00

Date

219-455-3404

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CE 004-0000