

**600f UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 036 \*\*\*150.00

DOCUMENT # **805087**

Entity Name  
 THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business      Mailing Address  
 1300 SOUTH CLINTON STREET      1300 SOUTH CLINTON STREET  
 FORT WAYNE, INDIANA 46802      FORT WAYNE, INDIANA 46802

**A0075265**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
 Zip      Country      Zip      Country      35-0472300      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
 INSURANCE COMM ISSIONER      Name  
 CAPITOL BLDG      Street Address (P.O. Box Number is Not Acceptable)  
 TALLAHASSEE, FL 32399      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Jon A. Boscia Centre Square, West Tower 1500 Market Street, Suite 3900 Philadelphia, Pa 19102-2112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cynthia A. Rose 1300 South Clinton Street Fort Wayne, Indiana 46802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/SVP/D Janet Chrzan 1300 South Clinton Street Fort Wayne, In 46802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Eldon James Summers 1300 South Clinton Street Fort Wayne, Indiana 46802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Janet Chrzan, CFO/SVP/D *Janet Chrzan*      6/25/01      219-455-1613  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)

LINCOLN LIFE

1300 South Clinton  
Fort Wayne, IN 46802

Attachment  
#805087  
ADD 7/5/06

June 25, 2001

Division of Corporations  
Attn: Marie  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Corporation Division:

Per my phone call to Marie on Monday, June 25, 2001, I was instructed to download the corporation report from the Sunbiz website, as Lincoln National Life Insurance Company never received the original application form. She also instructed us to include a check for \$150.00 and a letter of explanation. I have enclosed the following:

2001 Uniform Business Report with Signature  
\$150.00 Filing Fee  
Letter of Explanation

If there are any further questions, please do not hesitate to contact me at 219-455-3657

Sincerely,



Tina Drzewiecki  
Regulatory Compliance Assistant

Td  
Enclosure