

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

(CA)

A0075265

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

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
 35-0472300 Not Applicable

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