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DOCUMENT # 805087 1. Entity Name The Lincoln National Life Insurance Company				Page 1/4		F- [[ED.
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	Place of Business South Clinton Street	3. Mailing Address		2 Stroot			
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City & Sta		City & State			4. FEI Number		Applied For
Zip	ayne, Indiana Country	Ft. Wayne	`	a untry	35-0472300		Not Applicabl
46802	-3506 USA	46802-350	1	-	5. Certificate of Status Desir	- I	ee Required
. V	·			Name	7. Name and Address of Cui	rrent Registered	Agent
	DO NOT W	/RITE			rance Commissioner s (P.O. Box Number is Not Accep	otable)	
:	IN THIS SI	PACE	*	Capital E	Bùilding		***************************************
•	,,			City			Zin Code
	e named entity submits this statement f			Tallal	hassee	<u>FL</u>	Zip Code 32399
	Signature, typod or printed name of registered agen	e Janua	ry 1 - May 1	ered Agent signature requir		DATE	
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2. Principal Place of Business 1300 South Clinton Street	3. Mailing Address	linton Street			
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City & State	City & State		4. FEI Number		Applied For
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Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.7	75 Additional
46802-3506 USA	46802-3506	USA		Fee F	Required
		Name	7. Name and Address of Current	Registered Age	nt
DO NOT V	NDITE		surance Commissioner		
	· 	Street Addre	ess (P.O. Box Number is Not Acceptable	9)	***************************************
IN THIS S	PACE	Capital	Building	****	
*		City	ahassee	FL Z	ip Code
. The above named entity submits this statement	for the second second	10110	anassee		32399
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2. Principal Place of Business 1300 South Clinton	3. Mailing Add	dress uth Clinton Street				
Suite, Apt. #, etc.	Suite, Apt. 8			NOT WRITE IN THIS SPAC	C.F.	
City & State	City & Store				-	
Ft. Wayne, Indiana	City & State Ft. Way	ne, Indiana	4. FEI Number 35-0472300		Applied For Not Applicable	
Zip Coun 46802-3506 USA	,	Country	5. Certificate of Status		75 Additional	
AGO 2-3300	46802-3	506 USA	7. Name and Address o		Required ent	
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	NOT WRITE	Street A	Address (P.O. Box Number is Not A	cceptable)		
IN T	HIS SPACE	Capit		***************************************		
•		City			Zip Code	
8. The above named entity submits	this clatement for the purpose of a		allahassee		32399	
Tax filing requirement and elect (See criteria on back)	Make Ch	After May 1, Fee is \$550.00 Amended UBR is \$61.25 eck Payable to Departmen	Trust Fund C		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIRECTORS	TITLE		•		
NAME Charles Hald		NAME				
	St., Suite 3900 , PA 19102-2112	STREET ADDRESS CITY-ST-ZIP				
TITLE V/D	-	TITLE				
NAME See Yeng Que STREET AODRESS 1500 Market	k St., Suite 3900	* NAME ! STREET ADDRESS		<u>.</u>		
	, PA 19102-2112	CITY-ST-ZIP		•		
TITLE V/D NAME Barbara Kowa	alcžyk 1:	TITLE				
	St., Suite 3900	NAMĘ STRÉET ADDRESS	DO 11	OT 14/DITE	-	
	, PA 19102-2112	CTTY-ST-ZIP	א סט	OT WRITE	•	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE		STREET ADDRESS CITY- ST-ZIP TITLE				

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

5/24/02

260-455-1098

Daytime Phone #