

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **805087** Page 1/4

1. Entity Name
The Lincoln National Life Insurance Company

FILED

02 MAY 28 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 South Clinton Street

3. Mailing Address
1300 South Clinton Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Wayne, Indiana

City & State
Ft. Wayne, Indiana

4. FEI Number
35-0472300

Applied For
Not Applicable

Zip
46802-3506

Country
USA

Zip
46802-3506

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Insurance Commissioner
Street Address (P.O. Box Number is Not Acceptable)
Capital Building

City Tallahassee **FL** Zip Code 32399

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D. Jon A. Boscia Centre Square, West Tower 1500 Market St., Suite 3900 Philadelphia, PA 19102-2112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cynthia A. Rose 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Janet Chrzan 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Eldon J. Summers 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Elizabeth A. Frederick 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael Smith 1300 S. Clinton St. Ft. Wayne, IN 46802

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005754339--0 -06/11/02--01103--021 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005754339--0 -06/11/02--01103--022 *****8.75 *****8.75
DO NOT WRITE IN THIS SPACE	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Chrzan V/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02 260-455-1098
Date Daytime Phone

G-2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **805087** Page 2/4

1. Entity Name
The Lincoln National Life Insurance Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 South Clinton Street

3. Mailing Address
1300 South Clinton Street

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Wayne, Indiana

City & State
Ft. Wayne, Indiana

4. FEI Number
35-0472300

Applied For
Not Applicable

Zip
46802-3506

Country
USA

Zip
46802-3506

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Insurance Commissioner
Street Address (P.O. Box Number is Not Acceptable)
Capital Building

City Tallahassee **FL** Zip Code 32399

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, typewritten 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D John H. Gotta 350 Church St. Hartford, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lorry J. Stensrud 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William P. Boscow 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John M. Hemp 1300 S. Clinton St. Ft. Wayne, IN 46802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Casey J. Trumble Centre Square, West Tower 1500 Market St., Suite 3900 Philadelphia PA 19102-2112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Richard C. Vaughn 1500 Market St. Suite 3900 Philadelphia, PA 19102-2112

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Arisan V/D 5/24/02 260-455-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **805087** Page 3/4

1. Entity Name
The Lincoln National Life Insurance Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 South Clinton Street	3. Mailing Address 1300 South Clinton Street
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

DO NOT WRITE IN THIS SPACE

City & State Ft. Wayne, Indiana	City & State Ft. Wayne, Indiana	4. FEI Number 35-0472300	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	------------------------------------	-----------------------------	--

Zip 46802-3506	Country USA	Zip 46802-3506	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-------------------	----------------	-------------------	----------------	---	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Insurance Commissioner	
Street Address (P.O. Box Number is Not Acceptable) Capital Building	
City Tallahassee	FL Zip Code 32399

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, typewritten 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Todd R. Stephenson 1300 S. Clinton St. Ft. Wayne, IN 46802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Peter Begin 350 Church St. Hartford, DT 06103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Donna DeRosa 350 Church St. Hartford, DT 06103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gary Parker 350 Church St. Hartford, CT 06103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Westley Thompson 350 Church St. Hartford, CT 06103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mark Reynolds 1300 S. Clinton St. Ft. Wayne, IN 46802	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Opael Chazan* V/A 5/24/02 260-455-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805087 *Page 4/4*

1. Entity Name
The Lincoln National Life Insurance Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 South Clinton Street	3. Mailing Address 1300 South Clinton Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft. Wayne, Indiana	City & State Ft. Wayne, Indiana	4. FEI Number 35-0472300	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 46802-3506	Country USA	Zip 46802-3506	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable)
Capital Building

City
Tallahassee **FL** Zip Code
32399

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS			
TITLE	V/D	TITLE	
NAME	Charles Halderman	NAME	
STREET ADDRESS	1500 Market St., Suite 3900	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102-2112	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	See Yeng Quek	NAME	
STREET ADDRESS	1500 Market St., Suite 3900	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102-2112	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	Barbara Kowalczyk	NAME	
STREET ADDRESS	1500 Market St., Suite 3900	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19102-2112	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Carson* 5/24/02 260-455-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)