

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805087

FILED
Apr 03, 2008
Secretary of State

Entity Name: THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1300 SOUTH CLINTON STREET
FT. WAYNE, IN 468023506

New Principal Place of Business:

Current Mailing Address:

1300 SOUTH CLINTON STREET
FT. WAYNE, IN 468023506

New Mailing Address:

1300 SOUTH CLINTON STREET
2H41
FT. WAYNE, IN 468023506

FEI Number: 35-0472300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLASS, DENNIS R
Address: 1500 MARKET STREET, SUITE 3900
City-St-Zip: PHILADELPHIA, PA 191022112

Title: S () Delete
Name: WOMACK, C. SUZANNE
Address: 1500 MARKET STREET, SUITE 3900
City-St-Zip: PHILADELPHIA, PA 19102

Title: SVP () Delete
Name: THOMPSON, WESTLEY V
Address: 350 CHURCH STREET
City-St-Zip: HARTFORD, CT 06103

Title: T () Delete
Name: TAYLOR, RISE' C
Address: 1300 SOUTH CLINTON STREET
City-St-Zip: FORT WAYNE, IN 46802

Title: SVP () Delete
Name: SCHOFF, DENNIS L
Address: 1500 MARKET STREET, SUITE 3900
City-St-Zip: PHILADELPHIA, PA 19102

Title: SVP () Delete
Name: SMITH, MICHAEL S
Address: 2001 MARKET STREET, SUITE 4F14
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C SUZANNE WOMACK

S

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date