

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805087

FILED
Apr 26, 2012
Secretary of State

Entity Name: THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1300 SOUTH CLINTON STREET
FT. WAYNE, IN 46802

New Principal Place of Business:

Current Mailing Address:

1300 SOUTH CLINTON STREET
FT. WAYNE, IN 46802

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GLASS, DENNIS R
Address: 150 N RADNOR CHESTER ROAD
City-St-Zip: RADNOR, PA 19087

Title: S
Name: BRAWLEY, CHARLES A III
Address: 150 N RADNOR CHESTER ROAD
City-St-Zip: RADNOR, PA 19087

Title: T
Name: COUTTS, JEFFREY D
Address: 150 N RADNOR CHESTER ROAD
City-St-Zip: RADNOR, PA 19087

Title: VP
Name: KATTMANN, KRISTINE M
Address: 1300 SOUTH CLINTON STREET
City-St-Zip: FORT WAYNE, IN 46802

Title: D
Name: RYAN, KEITH J
Address: 1300 SOUTH CLINTON STREET
City-St-Zip: FORT WAYNE, IN 46802

Title: D
Name: CORNELIO, CHARLES C
Address: 100 NORTH GREENE STREET
City-St-Zip: GREENSBORO, NC 27401

I hereby 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 all other like empowered.

SIGNATURE: LINDA E WOODWARD

AS

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date