

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 NOV 21 PM 4:40

DOCUMENT #805087

1. Corporation Name

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

100305966041

2. Principal Office Address - No P.O. Box #

1300 SOUTH CLINTON ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

FT. WAYNE, IN

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1939

5. FEI Number

35-0472300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHIEF FINANCIAL OFFICER

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

200 E. GAINES ST

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent
CHEIF FINANCIAL OFFICER

Date
11/21/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DENNIS R. GLASS	150 N RADNOR CHESTER ROAD	RADNOR, PA 19087
S	ANDREA D. GOODRICH	150 N RADNOR CHESTER ROAD	RADNOR, PA 19087
T	JEFFREY D. COUTTS	150 N RADNOR CHESTER ROAD	RADNOR, PA 19087
CFO	RANDAL J. FREITAG	150 N RADNOR CHESTER ROAD	RADNOR, PA 19087

REINSTATEMENT

10. E-mail Address: annualreports@cscinfo.com

(To be used for future annual report notification)

2017

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Andrea D. Goodrich

Andrea D. Goodrich, Secretary 11-21-17 484-583-1475

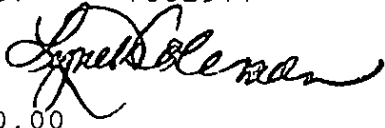
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW
RETURN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 777187 7662977
AUTHORIZATION : 
COST LIMIT : \$ 750.00

ORDER DATE : August 21, 2017
ORDER TIME : 2:30 PM
ORDER NO. : 777187-021
CUSTOMER NO: 7662977

REINSTATEMENT

NAME: THE LINCOLN NATIONAL LIFE
INSURANCE COMPANY

17 NOV 21 PM 4 16
RECEIVED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS _____