

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

Zip

Country

**46802**

**US**

Zip

Country

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)

*W17*

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**

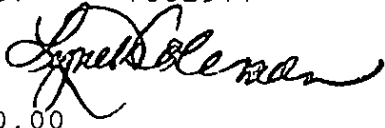
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 \_\_\_\_\_