

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805087

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC4913937988**

**Entity Name:** THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1300 SOUTH CLINTON STREET  
FT. WAYNE, IN 46802

**Current Mailing Address:**

1300 SOUTH CLINTON STREET  
FT. WAYNE, IN 46802

**FEI Number: 35-0472300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title PD  
Name GLASS, DENNIS R  
Address 150 RADNOR CHESTER ROAD  
RADNOR FINANCIAL CENTER  
City-State-Zip: RADNOR PA 19087  
  
Title T  
Name COUTTS, JEFFREY D  
Address 150 N RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087

Title S  
Name BRAWLEY, CHARLES A III  
Address 150 N RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087  
  
Title CFO & DIRECTOR  
Name FREITAG, RANDAL J  
Address RADNOR FINANCIAL CENTER  
150 N. RADNOR CHESTER ROAD  
City-State-Zip: RADNOR, PA 19087

*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: CHARLES A. BRAWLEY III**

**SECRETARY**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date