

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805087

Entity Name: THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802

Current Mailing Address:

1300 SOUTH CLINTON STREET
FORT WAYNE, IN 46802 US

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 DIRECTOR, PRESIDENT
Name GLASS, DENNIS R.
Address 150 NORTH RADNOR CHESTER ROAD
City-State-Zip: RADNOR PA 19087

Title SECRETARY
Name SMITH, NANCY A.
Address 150 NORTH RADNOR CHESTER ROAD
City-State-Zip: RADNOR PA 19087

Title SENIOR VICE PRESIDENT,
TREASURER
Name COUTTS, JEFFREY D.
Address 150 NORTH RADNOR CHESTER ROAD
City-State-Zip: RADNOR PA 19087

Title DIRECTOR
Name FULLER, WILFORD H.
Address 150 NORTH RADNOR CHESTER ROAD
City-State-Zip: RADNOR PA 19087

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT
Name COOPER, ELLEN G.
Address 150 NORTH RADNOR CHESTER ROAD
City-State-Zip: RADNOR PA 19087

Title ASSISTANT SECRETARY
Name ONDECKER, MARILYN K.
Address 1300 SOUTH CLINTON STREET
City-State-Zip: FORT WAYNE IN 46802

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: MARILYN K. ONDECKER

ASSISTANT SECRETARY 02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date