

2024 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 805087

Entity Name: THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

1301 SOUTH HARRISON STREET
FORT WAYNE, IN 46802

Current Mailing Address:

1301 SOUTH HARRISON STREET
FORT WAYNE, IN 46802 US

FEI Number: 35-0472300

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICE
200 E. GAINES ST
P O BOX 6200 (32314-6200)
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: CHIEF FINANCIAL OFFICER

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRONCHETTI, JAYSON R.
Address 1301 SOUTH HARRISON STREET
City-State-Zip: FORT WAYNE IN 46802

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

Title TREASURER
Name COHEN, ADAM M
Address 1301 SOUTH HARRISON STREET
City-State-Zip: FORT WAYNE IN 46802

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

Title DIRECTOR
Name WILMER, ERIC B.
Address 1301 SOUTH HARRISON STREET
City-State-Zip: FORT WAYNE IN 46802

Title DIRECTOR
Name BEAZER, CRAIG T.
Address 1301 SOUTH HARRISON STREET
City-State-Zip: FORT WAYNE IN 46802

Title DIRECTOR
Name NECZYPOR, CHRISTOPHER M
Address 1301 SOUTH HARRISON 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: NANCY A. SMITH

SECRETARY

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date