

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 008 ***150.00

DOCUMENT # P04491

1. Entity Name

LINCOLN NATIONAL REASSURANCE COMPANY

Principal Place of Business

Mailing Address

**ONE REINSURANCE PLACE
 1700 MAGNAVOX WAY
 FORT WAYNE IN 46804
 US**

**P.O. BOX 7808
 FORT WAYNE IN 46801-7808
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1067046**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 FLORIDA DEPT. OF INSURANCE
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWLAND, LAWRENCE T. 1700 MAGNAVOX WAY FT. WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, CYNTHIA A 1300 S CLINTON STREET FORT WAYNE IN 46801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT TYLER, WILLIAM K 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CLARK, KENNETH J. 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALFORD, TIMOTHY J 1700 MAGNAVOX WAY FT WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HOPPER, DAVID A 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mark D. Lemon, Asst. Secretary

4-10-01 (219) 455-4535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Lincoln National Reassurance Company
 One Reinsurance Place
 1700 Magnavox Way
 Fort Wayne, IN 46804
 06-1067046

*attachment
 DT# PB4491*

All Mail: P. O. Box 7808; Fort Wayne, IN 46801-7808

Officers

<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>
Chairman, CEO, & President Lawrence T. Rowland 392-46-9712	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	5025 Litchfield Road Fort Wayne, IN 46835
Senior Vice President Timothy J. Alford 315-50-4388	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6622 Sweetbrier Drive Fort Wayne, IN 46804
Senior Vice President Kenneth J. Clark 305-38-4914	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	605 Beechwood Drive Fort Wayne, IN 46807
Senior Vice President David A. Hopper 285-36-5844	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2433 Sycamore Hills Drive Fort Wayne, IN 46804
Senior Vice President Richard S. Robertson 536-38-9141	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	12618 Aboite Center Road Fort Wayne, IN 46804
Senior Vice President Larry H. Roy 420-66-3133	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	6431 Beaver Creek Court Fort Wayne, IN 46814
Senior Vice President & Treasurer William K. Tyler 337-36-5795	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2929 Buckhurst Run Fort Wayne, IN 46815
Vice President Neal E. Arnold 314-58-8491	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	2430 Foxchase Run Fort Wayne, IN 46825
V.P. & Chief Medical Director Richard E. Braun, M.D. 220-62-5916	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	9609 Wawasee Cove Fort Wayne, IN 46804
Vice President & Asst. Treasurer Patsy Campola 124-40-9968	7300 Corporate Center Drive Suite 200 Miami, FL 33321	325 Coral Way Fort Lauderdale, FL 33301
Vice President Stephen T. Clinton 430-80-5382	Seguros Serfin Lincoln Av. Insurgentes Sur No. 2065-20 Piso Torre A Col. San Angel C.P. 01000 Mexico City, D.F. Republic of Mexico	Hegel 721 Col. Polanco C.P. 11560 Mexico City, D.F. Republic of Mexico
Vice President Arthur W. DeTore, M.D. 029-44-7865	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	14118 Whiskey Creek Drive Fort Wayne, IN 46804
Vice President Linda C. Fraley 317-56-1257	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	1805 Forest Valley Drive Fort Wayne, IN 46815
Vice President Perry Hines 400-06-4842	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	11116 Monte Vista Drive Fort Wayne, IN 46804
Vice President James B. Keller 304-50-0145	One Reinsurance Place 1700 Magnavox Way Fort Wayne, IN 46804	10320 Hickory Valley Drive Fort Wayne, IN 46835