

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90062 047 \*\*\*150.00

**DOCUMENT # P04491**

1. Entity Name  
**LINCOLN NATIONAL REASSURANCE COMPANY**

Principal Place of Business  
**ONE REINSURANCE PLACE**  
**1700 MAGNAVOX WAY**  
**FORT WAYNE IN 46804**  
**US**

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 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**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Secretary</b> <b>Patricia D. Harrigan</b> <b>175 King Street</b> <b>Armonk, NY 10504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Exec. Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Vice Pres. &amp; Treasurer</b> <b>Thomas J. Brunnefraff</b> <b>175 King Street</b> <b>Armonk, NY 10504</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Senior Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Exec. Vice President</b> <b>Neal E. Arnold</b> <b>1700 Magnavox Way</b> <b>Fort Wayne, IN 46804</b>	<input type="checkbox"/> Change <input checked="" 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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (260)455-4535  
 Date Daytime Phone #

CR2E034 (9/01)