

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211513585

1.) CORPORATION NAME:

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

DUE DATE: **6/30/2011**

SCC ID NO: **F0045106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 SOUTH CLINTON STREET

CITY/ST/ZIP: FORT WAYNE, IN 46802-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER

DIRECTOR

NAME: DENNIS R GLASS
TITLE: PRESIDENT
ADDRESS: 150 N RADNOR CHESTER ROAD
CITY/ST/ZIP/CO: RADNOR, PA 19087-

OFFICER

DIRECTOR

NAME: FREDERICK J CRAWFORD
TITLE: CFO
ADDRESS: 150 N RADNOR CHESTER ROAD
CITY/ST/ZIP/CO: RADNOR, PA 19087-

OFFICER

DIRECTOR

NAME: CHARLES C CORNELIO
TITLE: PRESIDENT
ADDRESS: 100 NORTH GREENE STREET
CITY/ST/ZIP/CO: GREENSBORO, NC 27401-

OFFICER

DIRECTOR

NAME: RANDAL J FREITAG
TITLE: CFO
ADDRESS: 150 N RADNOR CHESTER ROAD
CITY/ST/ZIP/CO: RADNOR, PA 19087-

OFFICER

DIRECTOR

NAME: ANANT BHALLA
TITLE: TREAS/VICE PRES
ADDRESS: 150 N RADNOR CHESTER ROAD
CITY/ST/ZIP/CO: RADNOR, PA 19087-

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES A BRAWLEY III	
TITLE:	SECRETARY	
ADDRESS:	150 N RADNOR CHESTER ROAD	
CITY/ST/ZIP/CO:	RADNOR, PA 19087-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK E KONEN	
TITLE:	EX VICE PRES	
ADDRESS:	100 NORTH GREENE STREET	
CITY/ST/ZIP/CO:	GREENSBORO, NC 27401-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEITH J RYAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1300 SOUTH CLINTON STREET	
CITY/ST/ZIP/CO:	FORT WAYNE, IN 46802-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARILYN K ONDECKER	
TITLE:	ASST SECRETARY	
ADDRESS:	1300 SOUTH CLINTON STREET	
CITY/ST/ZIP/CO:	FORT WAYNE, IN 46802-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARILYN K ONDECKER</u>	<u>MARILYN K ONDECKER, ASST</u>	<u>6/27/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.