Clerk of the House of Representatives Legislative Resource Center B-I 06 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF

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## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| Registrant Name                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Lincoln National Corpor                                                                                                                                                                                 | ation                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ···                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <del> </del>                                                                                                                                                                                            | ent than previously reported                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1300 Clinton Street, Fort                                                                                                                                                                               | Wayne, IN 46801                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Principal Place of Business (if dif                                                                                                                                                                     | ferent from line 2)                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| City:                                                                                                                                                                                                   | State/Zip (or Country)                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Contact Name                                                                                                                                                                                            | Telephone                                                                                                                                                                                                             | E-mail (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Senate ID#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Kristina A. Ash                                                                                                                                                                                         | (219) 455-3551                                                                                                                                                                                                        | Kash@lnc.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22872-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Client Name Self                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | House ID#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <del>-</del>                                                                                                                                                                                            | ously filed versions of this report  Report  Termination Date                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11. No Lobbying Activi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 0. Check if this is a Termination                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11. No Lobbying Activ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 0. Check if this is a Termination  INCOME OR EXPE                                                                                                                                                       | Report Termination Date                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 0. Check if this is a Termination  INCOME OR EXPE                                                                                                                                                       | Report Termination Date  CNSES - Complete Either Line                                                                                                                                                                 | 12 <b>OR</b> Line 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying                                                                                                                   | Report Termination Date  ENSES - Complete Either Line Lobbying Firms                                                                                                                                                  | 12 OR Line 13  13.  EXPENSES relating to lobble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| O. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying was:                                                                                                              | Report Termination Date  ENSES - Complete Either Line Lobbying Firms                                                                                                                                                  | 12 OR Line 13  13.  EXPENSES relating to lobb were:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Organizations bying activities for this \$540,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| O. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying was:  Less than \$10,000  \$10,000 or more \$  Provide a good faith estimate, roulobbying related income from the | Report Termination Date  CNSES - Complete Either Line Lobbying Firms g activities for this reporting period                                                                                                           | 12 OR Line 13  13.  EXPENSES relating to lobb were:  Less than \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Organizations bying activities for this  \$540,000  Expenses (nearest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| O. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying was:  Less than \$10,000  \$10,000 or more \$  Provide a good faith estimate, roulobbying related income from the | Report Termination Date  CNSES - Complete Either Line  cobbying Firms  g activities for this reporting period  Income (nearest \$20,000)  unded to the nearest \$20,000, of all client (including all payments to the | 12 OR Line 13  13.  EXPENSES relating to lobb were:  Less than \$10,000  \$10,000 or more  \Box _ \$  REPORTING METHOD. Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Organizations bying activities for this  \$540,000  Expenses (nearest neck box to indicate expenses continuous)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| O. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying was:  Less than \$10,000  \$10,000 or more \$  Provide a good faith estimate, roulobbying related income from the | Report Termination Date  CNSES - Complete Either Line  cobbying Firms  g activities for this reporting period  Income (nearest \$20,000)  unded to the nearest \$20,000, of all client (including all payments to the | 12 OR Line 13  13.  EXPENSES relating to lobble were:  Less than \$10,000  \$10,000 or more  \$\infty\$ _ \$\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\sunc{\structure{\structure{\structure{\suncture{\structure{\struct | Organizations bying activities for this  \$540,000  Expenses (nearest neck box to indicate expenses circles of options).  nounts using LDA definit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| O. Check if this is a Termination  INCOME OR EXPE  12. L  INCOME relating to lobbying was:  Less than \$10,000  \$10,000 or more \$  Provide a good faith estimate, roulobbying related income from the | Report Termination Date  CNSES - Complete Either Line  cobbying Firms  g activities for this reporting period  Income (nearest \$20,000)  unded to the nearest \$20,000, of all client (including all payments to the | 13.  EXPENSES relating to lobble were:  Less than \$10,000  \$10,000 or more  \$\infty\$ _ \$\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\structure{\stru | Organizations bying activities for this  \$540,000  Expenses (nearest neck box to indicate expenses ription of options.  nounts using LDA definitation 6033 (b)(8) of the Internal control of the Inter |

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|------------------------------|------------------------------------------------------------------|-----|--|
| Printed Name and Title       | James A. Morrill, Vice President & Director of Federal Relations |     |  |
| 1 111100 1 10110 mid 11110 _ |                                                                  |     |  |

LD-2 (Rev. 06/98)

## 00030131466

| Registrant Name                                                      | Lincoln National Corporation                                                          | Client Name _                                                      | Self                                                                       |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                      | TY. Select as many codes as necessary to rting period. Using a separate page for each |                                                                    |                                                                            |
| 15. General issue area co                                            | ode <u>INS</u> (one per page)                                                         |                                                                    |                                                                            |
| 16. Specific lobbying is:                                            | sues                                                                                  |                                                                    |                                                                            |
| S1971/HR3762 Pensi<br>of life insurance comp<br>charter legislation. | on Reform Legislation; HR3320 Lifetime Apanies; HR2341/S1715 Class Action Fairne      | Annuity Capital Gains Tax Bill; I ss bill; HR8 permanent repeal of | HR909/S795 legislation to permit ta: f the estate tax; HR3766 optional fec |
| 17. House(s) of Congres                                              | ss and Federal agencies contacted                                                     | ☐ Check if None                                                    |                                                                            |
| House of Represe<br>Senate                                           | ntatives                                                                              |                                                                    |                                                                            |
| 18. Name of each indivi                                              | dual who acted as a lobbyist in this issue an                                         |                                                                    |                                                                            |
|                                                                      | Name                                                                                  | Covered O                                                          | fficial Position (if applicable)                                           |
| James A. Morrill                                                     |                                                                                       |                                                                    |                                                                            |
|                                                                      |                                                                                       |                                                                    |                                                                            |
|                                                                      |                                                                                       |                                                                    |                                                                            |
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|                                                                      |                                                                                       |                                                                    |                                                                            |
| 19. Interest of each fore                                            | eign entity in the specific issues listed on lin                                      | ne 16 above X Che                                                  | eck if None                                                                |
|                                                                      |                                                                                       |                                                                    |                                                                            |
| Signature                                                            | mes a. Morrill                                                                        | Dat                                                                | 2/6/03                                                                     |
| Printed Name and Title                                               |                                                                                       | President & Dir <u>ector of Federal</u>                            |                                                                            |

Filing #832602e2-376a-4a18-b9d4-b4f0d214a821 - Page 3 of 6

## 00030131467

| Registrant Name                              | Lincoln National Corporation                                                         | Client Name _                                                      | Self                                                                      |
|----------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| LOBBYING ACTIVI' the client during the repor | TY. Select as many codes as necessary to ting period. Using a separate page for ea   | reflect the general issue areas in ch code, provide information as | which the registrant engaged in lobl requested. Attach additional page(s) |
| 15. General issue area co                    | de <u>FIN</u> (one per page)                                                         |                                                                    |                                                                           |
| 16. Specific lobbying iss                    | ues                                                                                  |                                                                    |                                                                           |
| HR168/HR300 legislaprovisions permanent;     | ation to allow mutual fund shareholders to HR2720/S536 financial privacy legislation | defer tax on reinvested capital gon.                               | ains; HR4931 legislation to make pe                                       |
| 17. House(s) of Congres                      | s and Federal agencies contacted                                                     | ☐ Check if None                                                    |                                                                           |
| House of Represer<br>Senate                  | ntatives                                                                             |                                                                    |                                                                           |
| 18. Name of each individ                     | dual who acted as a lobbyist in this issue a                                         | rea                                                                |                                                                           |
|                                              | Name                                                                                 | Covered O                                                          | fficial Position (if applicable)                                          |
| James A. Morrill                             |                                                                                      |                                                                    |                                                                           |
|                                              |                                                                                      |                                                                    |                                                                           |
|                                              |                                                                                      |                                                                    |                                                                           |
|                                              |                                                                                      |                                                                    |                                                                           |
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|                                              |                                                                                      |                                                                    |                                                                           |
|                                              |                                                                                      |                                                                    |                                                                           |
| 19. Interest of each fore                    | ign entity in the specific issues listed on li                                       | ne 16 above                                                        | eck if None                                                               |
|                                              |                                                                                      | 11                                                                 |                                                                           |
| Signature                                    | James a. Morril                                                                      | Dat                                                                | e 2/6/03                                                                  |
| Printed Name and Title _                     |                                                                                      | e President & Director of Federa                                   | Relations                                                                 |

LD-2 (Rev. 06/98)