

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 824285

**FILED**  
**Feb 01, 2020**  
**Secretary of State**  
**3561608062CC**

**Entity Name:** LINCOLN FINANCIAL SECURITIES CORPORATION

**Current Principal Place of Business:**

1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802

**Current Mailing Address:**

1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802 US

**FEI Number:** 02-0275490

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name HANNA, CLAIRE H.  
Address 150 NORTH RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087

Title SENIOR VICE PRESIDENT,  
TREASURER  
Name GIOVANNI, CHRISTOPHER A.  
Address 150 NORTH RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name BERKOWITZ, DAVID S.  
Address 2005 MARKET STREET  
ONE COMMERCE SQUARE  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name GASE, LUCY D.  
Address 1300 SOUTH CLINTON STREET  
City-State-Zip: FORT WAYNE IN 46802

Title DIRECTOR, PRESIDENT  
Name MOSER, JAMES STAFFORD  
Address 100 NORTH GREENE STREET  
City-State-Zip: GREENSBORO NC 27401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAIRE H. HANNA

**SECRETARY**

**02/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date