

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 824285

**Entity Name:** LINCOLN FINANCIAL SECURITIES CORPORATION

**Current Principal Place of Business:**

1301 SOUTH HARRISON STREET  
FORT WAYNE, IN 46802

**Current Mailing Address:**

1301 SOUTH HARRISON 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 TREASURER  
Name COHEN, ADAM M.  
Address 1301 SOUTH HARRISON STREET  
City-State-Zip: FORT WAYNE IN 46802

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

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

Title ASSISTANT SECRETARY  
Name MEYER, HOLLEY K.  
Address 150 NORTH RADNOR CHESTER ROAD  
City-State-Zip: RADNOR PA 19087

Title DIRECTOR  
Name HALLIDAY, MARION S.  
Address 1301 SOUTH HARRISON STREET  
City-State-Zip: FORT WAYNE IN 46802

*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:** HOLLEY K. MEYER

**ASSISTANT SECRETARY** 04/18/2024

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

\_\_\_\_\_  
Date