

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35042

Entity Name: LINCOLN GENERAL INSURANCE COMPANY**Current Principal Place of Business:**3501 CONCORD ROAD
YORK, PA 17402**Current Mailing Address:**PO BOX 3709
YORK, PA 17402 US**FEI Number:** 23-2023242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399 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	CEO
Name	MOHN, MARVIN
Address	3501 CONCORD ROAD
City-State-Zip:	YORK PA 17402

Title	CFOT
Name	BASTA, CHARLES W
Address	3501 CONCORD ROAD
City-State-Zip:	YORK PA 17402

Title	S
Name	MILLER, ALBERT B
Address	3501 CONCORD ROAD
City-State-Zip:	YORK PA 17402

Title	ACTU
Name	LEVINE, AARON
Address	3501 CONCORD ROAD
City-State-Zip:	YORK PA 17402

Title	D
Name	MOHN, MARVIN
Address	60 E 42ND ST SUITE 1663
City-State-Zip:	NEW YORK NY 10165

Title	D
Name	MOONEY, PAUL
Address	60 E 42ND ST SUITE 1663
City-State-Zip:	NEW YORK NY 10165

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: CHARLES W. BASTA

CFO

02/19/2013

Electronic Signature of Signing Officer/Director Detail_____
Date