

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853656

1. Entity Name

LINCOLN NATIONAL INSURANCE ASSOCIATES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90089 046 ***150.00

Principal Place of Business

350 CHURCH ST. MCA 1
HARTFORD CT 06103

Mailing Address

350 CHURCH ST. MCA 1
HARTFORD CT 06103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Trina Mills

Suite, Apt. #, etc.

P.O. Box 2239

City & State

Fort Wayne, IN

Zip

46801-2239

Country

4. FEI Number

06-1064919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLETON, JEFFREY C	
STREET ADDRESS	350 CHURCH ST, MCA 1	
CITY-STATE-ZIP	HARTFORD CT 06103	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HEMP, MICHAEL J	
STREET ADDRESS	350 CHURCH ST, MCA 1	
CITY-STATE-ZIP	HARTFORD CT 06103	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	COOPER, DONNA	
STREET ADDRESS	1300 SOUTH CLINTON	
CITY-STATE-ZIP	FORT WAYNE IN 46802	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CHYZAN, JANET C	
STREET ADDRESS	1300 S CLINTON	
CITY-STATE-ZIP	FT WAYNE IN 46802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, TRINA	
STREET ADDRESS	200 EAST BERRY STREET	
CITY-STATE-ZIP	FORT WAYNE, IN 46802	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, FREDERICK J	
STREET ADDRESS	1500 MARKET STREET, SUITE 3900	
CITY-STATE-ZIP	PHILADELPHIA, PA 19102-2112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Trina Mills

Trina Mills, Asst. Secretary 4/25/01 219-455-2562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)