

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90116 019 \*\*\*150.00

0667041 AB

**DOCUMENT # 853656**

1. Entity Name  
**LINCOLN NATIONAL INSURANCE ASSOCIATES, INC.**



Principal Place of Business  
**350 CHURCH ST. MCA 1  
HARTFORD CT 06103**

Mailing Address  
**% TRINA MILLS  
P O BOX 2239  
FORT WAYNE IN 46801-2239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1064919**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARLETON, JEFFREY C	
STREET ADDRESS	350 CHURCH ST, MLA 1	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HEMP, MICHAEL J	
STREET ADDRESS	350 CHURCH ST, MLA 1	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MILLS, TRINA	
STREET ADDRESS	200 EAST BERRY ST	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CRAWFORD, FREDRICK J	
STREET ADDRESS	1500 MARKET ST, STE 3900	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINEEN, ROBERT W	
STREET ADDRESS	2001 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	1300 S CLINTON STREET	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, TRINA	
STREET ADDRESS	1300 SOUTH CLINTON STREET SUITE 150	
CITY-ST-ZIP	FORT WAYNE IN 46802-3506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Trina Mills*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trina Mills, Asst. Secretary 4/17/03 260-455-2562  
Date Daytime Phone #

CR2E034 (10/02)