

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90173 027 ***150.00

DOCUMENT # F01000005864

1. Entity Name
LINCOLN FINANCIAL GROUP, INC.

Principal Place of Business
**1300 SOUTH CLINTON STREET
 FORT WAYNE IN 46802**

Mailing Address
**1300 SOUTH CLINTON STREET
 FORT WAYNE IN 46802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2777974

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 32301-2525**

7. Name and Address of New Registered Agent

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.

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, 2002 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 | PD | <input type="checkbox"/> Delete |
| NAME | AXELROTH, SANFORD | |
| STREET ADDRESS | 20 OFFICE PARK DRIVE, SUITE 300 | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223-2424 | |
| TITLE | VASD | <input type="checkbox"/> Delete |
| NAME | GASE, LUCY D | |
| STREET ADDRESS | 200 EAST BERRY STREET | |
| CITY-ST-ZIP | FORT WAYNE IN 46802-2706 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LYNCH, MATTHEW | |
| STREET ADDRESS | 350 CHURCH STREET | |
| CITY-ST-ZIP | HARTFORD CT 06103-1106 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HEMP, J. MICHAEL | |
| STREET ADDRESS | 18383 PRESTON ROAD, SUITE 230 | |
| CITY-ST-ZIP | DALLAS TX 75252 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCMATH, MICHAEL E | |
| STREET ADDRESS | 350 CHURCH STREET | |
| CITY-ST-ZIP | HARTFORD CT 06103-1106 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FURMAN, DAVID T | |
| STREET ADDRESS | 200 EAST BERRY STREET | |
| CITY-ST-ZIP | FORT WAYNE IN 46802-2706 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| 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 | |

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:

SIGNATURE REQUIRED

Trina Mills, Asst. Secretary 4/24/02 (260)455-2562

Date

Daytime Phone #

CR2E034 (9/01)