

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005864

1. Entity Name
LINCOLN FINANCIAL GROUP, INC.



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

04-30-2003 90116 017 ***150.00

0667063 AB

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

☐ 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 32301-2525

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

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS GASE, LUCY D. 1300 SOUTH CLINTON STREET, SUITE 150 FORT WAYNE, IN 46802-3506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCFO LYNCH, MATTHEW 350 CHURCH STREET HARTFORD, CT 06103-1106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINEEN, ROBERT W. 2001 MARKET STREET PHILADELPHIA, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRAWFORD, FREDERICK J. 1500 MARKET STREET, SUITE 3900 PHILADELPHIA, PA 19102-2112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MILLS, TRINA 1300 SOUTH CLINTON STREET, SUITE 150 FORT WAYNE, IN 46802-3506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 4/21/03 260-455-2562

Date

Daytime Phone #

CR2E034 (10/02)