

F23000003918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

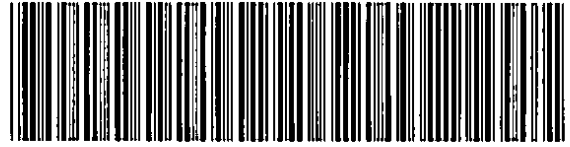
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23-76216

Office Use Only



900409483759

FILED

2023 MAY 30 PM 3:21

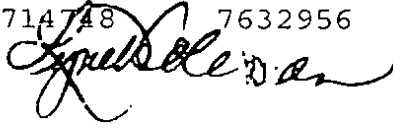
SECRETARY OF STATE
TALLAHASSEE, FL



2023 MAY 30 PM 3:31

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 714748 7632956
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : May 2, 2023
ORDER TIME : 1:20 PM
ORDER NO. : 714748-070
CUSTOMER NO: 7632956

FOREIGN FILINGS

NAME: LINCOLN FINANCIAL INSURANCE
AGENCY INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Lincoln Financial Insurance Agency Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Hampshire 3. 30-0020874
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/16/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1301 South Harrison Street, Fort Wayne, IN 46802
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: _____

(Registered agent's signature) Michele L. Abbott, Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023 MAY 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. DIRECTORS

☐ Chairman Name: See attached.

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

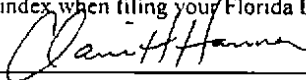
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Claire H. Hanna, Secretary
(Typed or printed name and capacity of person signing application)

Lincoln Financial Insurance Agency Incorporated

Officers

James Stafford Moser, President – 100 North Green Street, Greensboro, NC 27401

Tyler M. Mahoney, Senior Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

David E. Armstrong, Vice President – One Granit Place, Concord, NH 03301

Matthew L. Arnold, Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Hitesh R. Dayal, Vice President and Assistant Treasurer – 1301 South Harrison Street, Fort Wayne, IN 46802

Namita H. Patel, Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Carl R. Pawsat, Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Kraig D. Akey, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Timothy D. Bonisteel, Assistant Vice President – One Granite Place, Concord, NH 03301

Raymond J. Duffy, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Vanessa L. Fuccione, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Kelsley Jarmus, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Cheryl M. Pointer, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Jasmina Pruzljanin, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Richard Ramirez, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Regina Saint Jour, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

David Zaytsev, Assistant Vice President – 1301 South Harrison Street, Fort Wayne, IN 46802

Claire H. Hanna, Secretary – 150 North Radnor Chester Road, Radnor, PA 19087

Sharon M. Jeffers, Assistant Secretary – 150 North Radnor Chester Road, Radnor, PA 19087

Holley K. Meyer, Assistant Secretary – 150 North Radnor Chester Road, Radnor, PA 19087

John A. Weston, Treasurer – 1301 South Harrison Street, Fort Wayne, IN 46802

Directors

James Stafford Moser – 100 North Green Street, Greensboro, NC 27401

2023 MAY 30 PM 3:21
RECEIVED
TALLMADGE
CLERK OF COURT

FILED

John R. DiMonda – 2005 Market Street, 34th Floor, Philadelphia, PA 19103

Edward N. Walters – 1301 South Harrison Street, Fort Wayne, IN 46802

State of New Hampshire

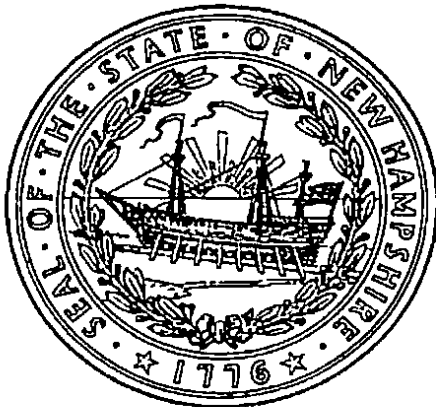
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LINCOLN FINANCIAL INSURANCE AGENCY INCORPORATED is a New Hampshire Profit Corporation registered to transact business in New Hampshire on January 16, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 393990

Certificate Number: 0006235511



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of May A.D. 2023.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a circular stamp that partially overlaps the seal of the State of New Hampshire.

David M. Scanlan
Secretary of State