

P35042

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_
- ☐ Mail out      ☐ Will wait      ☐ Photocopy

- ☐ Certified Copy
- ☐ Certificate of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAY 11 AM 9:36

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-05/11/99--01003--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

5-19-99

R.A. Change

Examiner's Initials

LFO

Per  
Karon  
Beyer  
R.A. Changed at the  
request of  
Dept of Insurance

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of PENNSYLVANIA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: LINCOLN GENERAL INSURANCE COMPANY

2. The mailing address of the corporation is: 3350 WHITEFORD ROAD

P. O. BOX 3709, YORK, PA 17402-0136

3. Date of incorporation/qualification: AUGUST 6, 1991 Document number: P35042

4. The name and address of the current registered agent and office:

INSURANCE COMMISSIONER

CAPITAL

TALLAHASSEE, FLORIDA 32399

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FLORIDA 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

04/28/99

(Date)

GARY J. ORNDORFF VICE PRESIDENT / TREASURER

(Printed or typed name and title)

04/28/99

(Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.*

  
(Signature of Registered Agent)

5/4/99  
(Date)

If signing on behalf of an entity:

KORRI A. BEHLER  
Special Assistant Secretary

C T CORPORATION SYSTEM  
(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*