

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 10 AM 11:15

DOCUMENT # P35042

1. Corporation Name

LINCOLN GENERAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

3350 WHITEFORD ROAD  
YORK PA 17402

3350 WHITEFORD ROAD  
YORK PA 17402



REINSTATEMENT

99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		23-2023242	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>TAYLOR, KENNETH R.</del> STAR, WILLIAM G.	3350 WHITEFORD ROAD	YORK PA 17402
VTOS	ORNDORFF, GARY J.	3350 WHITEFORD ROAD	YORK PA 17402
V	SELL, GLENN E., JR.-GLENN E. JR.	3350 WHITEFORD ROAD	YORK PA 17402
<del>S</del> D	<del>KAHLBAUGH, RICHARD S.</del> JACKSON, W. SHAUN	3350 WHITEFORD RD	YORK PA 17402
D	<del>BUCHAN, JOHN J., JR.-</del> REEVE, J. BRIAN	3350 WHITEFORD ROAD	YORK PA 17402
D	<del>TIERNEY, WILLIAM R. JR</del> ZUHLKE, JAMES R.	3350 WHITEFORD ROAD	YORK PA 17402

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 708003853287-4  
City 11/23/99-01058--021  
\*\*\*750189\*\*\*50.00  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Mary Alice Rogers*

MARY ALICE ROGERS  
Special Assistant Secretary

Date 11/1/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GARY J. ORNDORFF VICE PRESIDENT / TREASURER

10/26/99 (717) 757-0000

Date Daytime Phone #

AD

CR20040 (8/99)