

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35042

1. Entity Name

LINCOLN GENERAL INSURANCE COMPANY

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90145 004 \*\*\*150.00

Principal Place of Business

3350 WHITEFORD ROAD  
YORK PA 17402

Mailing Address

3350 WHITEFORD ROAD  
YORK PA 17402-9081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2023242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. 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)

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)

XX

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STAR, WILLIAM G	
STREET ADDRESS	3350 WHITEFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	VTDS	<input type="checkbox"/> Delete
NAME	ORNDORFF, GARY J.	
STREET ADDRESS	3350 WHITEFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	V	<input type="checkbox"/> Delete
NAME	SELL, GLENN E., JR.	
STREET ADDRESS	3350 WHITEFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, W. SHAUN	
STREET ADDRESS	3350 WHITEFORD RD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVE, J. BRIAN	
STREET ADDRESS	3350 WHITEFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUHLKE, JAMES R	
STREET ADDRESS	3350 WHITEFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freund, Brian David	
STREET ADDRESS	3350 Whiteford Road, York, PA 17402	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Arthur Henry	
STREET ADDRESS	3350 Whiteford Road, York, PA 17402	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J. Ordorff

4-10-00

(717)757-0000

Date

Daytime Phone #

CR2E034 (9/99)