# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35042

1. Entity Name

Lincoln General Insurance Company

FILED

01 JUN 29 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3350 Whiteford Road<br>York PA 17402 | 3350 Whiteford Road<br>York, PA 17402 |

DO NOT WRITE IN THIS SPACE

| 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 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<br>1200 South Pine Island Road<br>Plantation FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 LS

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Star, William G.<br>3350 Whiteford Road<br>York PA 17402 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>Kirk, Timothy G.<br>3350 Whiteford Road<br>York PA 17402 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D/S/T<br>Orndorff, Gary J.<br>3350 Whiteford Road<br>York PA 17402 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Bender, William P.<br>3350 Whiteford Road<br>York PA 17402 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Sell, Glenn E. Jr.<br>3350 Whiteford Road<br>York PA 17402 | XX Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jackson, W. Shaun<br>3350 Whiteford Road<br>York PA 17402 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 800004452438--9 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Reeve, J. Brian<br>3350 Whiteford Road<br>York PA 17402 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Zuhlke, James R.<br>3350 Whiteford Road<br>York PA 17402 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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:** Gary J. Orndorff 6-28-01 (717) 757-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 Uniform Business Report
Document P35042
Lincoln General Insurance Company
3350 Whiteford Road, York PA 17402
Continuation of Block 11

D XX Delete
Freund, Brian David
3350 Whiteford Road, York PA 17402

D
Miller, Arthur Henry
3350 Whiteford Road, York PA 17402

303

ACCOUNT NO. : 072100000032

REFERENCE : 204394 4304369

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 558.75

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ORDER DATE : June 28, 2001

ORDER TIME : 2:01 PM

ORDER NO. : 204394-005

CUSTOMER NO: 4304369

CUSTOMER: Ms. Anna Detlefsen
Lord, Bissell & Brook
Suite 3500
115 South Lasalle Street
Chicago, IL 60603

RECEIVED
01 JUN 29 PM 3:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ANNUAL REPORT FILING

NAME: LINCOLN GENERAL INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____