2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-13-2004 90014 014 ***150.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P35042

1. Entity Name
LINCOLN GENERAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
3350 WHITEFORD ROAD YORK, PA 17402	3350 WHITEFORD ROAD YORK, PA 17402

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
THE CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAR, WILLIAM G 3350 WHITEFORD ROAD YORK, PA 17402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KIRK, TIMOTHY 3350 WHITEFORD RD., YORK, PA 17402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS ORNDORFF, GARY J. 3350 WHITEFORD ROAD YORK, PA 17402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDENFIELD, EDWARD JAY 3350 WHITEFORD RD., YORK, PA 17402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BHOJWANI, GARY C 3350 WHITEFORD RD. YORK, PA 17402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BHOJWANI, GARY C. 3350 WHITEFORD RD., YORK, PA 17402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDRZEJEWSKI, MICHAEL J 3350 WHITEFORD RD YORK, PA 17402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REEVE, JAMES BRIAN 3350 WHITEFORD RD., YORK, PA 17402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BECK, ROGER T 3350 WHITEFORD ROAD YORK, PA 17402	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, SHAUN 3350 WHITEFORD RD., YORK, PA 17402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PHILLIPS, KATHRYN E 3350 WHITEFORD ROAD YORK, PA 17402	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRAUER, WILLIAM 3350 WHITEFORD RD, YORK PA 17402

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J Andrzejewski 4/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/29 AP