

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35042

FILED
Apr 28, 2005
Secretary of State

Entity Name: LINCOLN GENERAL INSURANCE COMPANY

Current Principal Place of Business:

3350 WHITEFORD ROAD
YORK, PA 17402

New Principal Place of Business:

Current Mailing Address:

3350 WHITEFORD ROAD
YORK, PA 17402

New Mailing Address:

PO BOX 3709
YORK, PA 17402

FEI Number: 23-2023242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRK, TIMOTHY
Address: 3350 WHITEFORD ROAD
City-St-Zip: YORK, PA 17402

Title: V () Delete
Name: EDENFIELD, EDWARD J
Address: 3350 WHITEFORD ROAD
City-St-Zip: YORK, PA 17402

Title: PD () Delete
Name: BHOJWANI, GARY C
Address: 3350 WHITEFORD RD.
City-St-Zip: YORK, PA 17402

Title: T () Delete
Name: ANDRZEJEWSKI, MICHAEL J
Address: 3350 WHITEFORD RD
City-St-Zip: YORK, PA 17402

Title: D () Delete
Name: REEVE, JAMES B
Address: 3350 WHITEFORD ROAD
City-St-Zip: YORK, PA 17402

Title: D () Delete
Name: JACKSON, SHAUN
Address: 3350 WHITEFORD ROAD
City-St-Zip: YORK, PA 17402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CLARK, JOHN
Address: 3350 WHITEFORD RD.
City-St-Zip: YORK, PA 17402

Title: T (X) Change () Addition
Name: BASTA, CHARLES W
Address: 3350 WHITEFORD RD
City-St-Zip: YORK, PA 17402

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BASTA

T

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date