

P35042

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Please retain original filing
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
LINCOLN GENERAL INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	036
Estimated Charge	\$35.00

RA/RO/chg

SEP 25 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINCOLN GENERAL INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: P35042

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Fred S. Koppenheffer

Name of Contact Person

Lincoln General Insurance Company

Firm/Company

PO Box 3709

Address

York, PA 17402-0136

City/State and Zip Code

Fred.Koppenheffer@pro-global.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred S. Koppenheffer

Name of Contact Person

at (717)

840-2406

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (03/12)

9/24/2015 4:40:26 PM From: To: 8506176380(2/6)
850-817-6381 9/24/2015 8:08:41 AM PAGE 1/001 Fax Server



September 24, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LINCOLN GENERAL INSURANCE COMPANY
PO BOX 3709
YORK, PA 17402US

SUBJECT: LINCOLN GENERAL INSURANCE COMPANY
REF: P35042

RE-SUBMIT

Please retain original filing
date of submission 9/23

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Chief Financial Officer is the statutory agent for service of process for the subject entity and cannot be changed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H15000229165
Letter Number: 115A00020137

RECEIVED

15 SEP 24 PM 4:47

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2015

LINCOLN GENERAL INSURANCE COMPANY
PO BOX 3709
YORK, PA 17402 US

SUBJECT: LINCOLN GENERAL INSURANCE COMPANY
Ref. Number: P35042

To Whom It May Concern:

As you can see by the attached documentation, the Department of Financial Services has notified this office that the above referenced entity is not authorized by statute to designate the Chief Financial Officer of the State of Florida as its registered agent. Therefore, the entity must change its designated registered agent and registered office on the records of this office.

To comply with this requirement, the corporation must file a **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**.

You may download the registered agent/registered office change from the following link:

<http://form.sunbiz.org/pdf/cr2e045.pdf>

NOTE: The corporation must file the registered agent/registered office change form, please return the completed change form along with a check made payable to the Florida Department of State for \$35 to the "personal and confidential" attention of Stacy Prather. Please address the envelope as follows:

Stacy Prather
"PERSONAL AND CONFIDENTIAL"
Bureau of Commercial Recording
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

This letter shall serve as the corporation's official 60-day notice. The corporation must file a registered agent/registered office change form with the appropriate changes on or before October 27, 2015, or it will be administratively dissolved in accordance with section 607.1420, F.S.

Please do not hesitate to contact me if I may be of any further assistance.

9/24/2015 4:40:26 PM From: To: 8506176380(4/6)

Sincerely,
Stacy Prather
Bureau of Commercial Recording
Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LINCOLN GENERAL INSURANCE COMPANY
2. The principal office address: 3501 CONCORD ROAD, SUITE 120, YORK, PA 17402
3. The mailing address (if different): PO BOX 3709, YORK, PA 17402-0136

4. Date of incorporation/qualification: AUG 6, 1991 Document number: P35042

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer

200 E. Gaines Street

Tallahassee, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Albert B. Miller, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CT Corporation System
Nicola Chouinard
Signature of Registered Agent

9/21/2015

Date

If signing on behalf of an entity:

Nicola Chouinard

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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2015 SEP 23 AM 9:07