

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90100 018 ***150.00

DOCUMENT # P35042

1. Entity Name
LINCOLN GENERAL INSURANCE COMPANY



Principal Place of Business
**3350 WHITEFORD ROAD
YORK PA 17402**

Mailing Address
**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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete
NAME **STAR, WILLIAM G**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK PA 17402**

TITLE **D** ☒ Change ☐ Addition
NAME **STAR, WILLIAM G**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK, PA 17402**

TITLE **VTDS** ☐ Delete
NAME **ORNDORFF, GARY J.**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK PA 17402**

TITLE **VDS** ☒ Change ☐ Addition
NAME **ORNDORFF, GARY J**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK, PA 17402**

TITLE **VD** ☐ Delete
NAME **KIRK, TIMOTHY G**
STREET ADDRESS **3350 WHITEFORD RD.**
CITY-ST-ZIP **YORK PA 17402**

TITLE **PD** ☒ Change ☐ Addition
NAME **BHOJWANI, GARY C**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK, PA 17402**

TITLE **D** ☐ Delete
NAME **JACKSON, W. SHAUN**
STREET ADDRESS **3350 WHITEFORD RD**
CITY-ST-ZIP **YORK PA 17402**

TITLE **T** ☒ Change ☐ Addition
NAME **ANDRZEJEWSKI, MICHAEL J**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK, PA 17402**

TITLE **D** ☐ Delete
NAME **REEVE, J. BRIAN**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK PA 17402**

TITLE **V** ☒ Change ☐ Addition
NAME **BECK, ROGER T**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK, PA 17402**

TITLE **D** ☐ Delete
NAME **ZUHLKE, JAMES R**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **YORK PA 17402**

TITLE **V** ☒ Change ☐ Addition
NAME **PHILLIPS, KATHRYN E**
STREET ADDRESS **3350 WHITEFORD ROAD**
CITY-ST-ZIP **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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

Daytime Phone #

CR2E034 (10/02)

Attachment

80060783
P35042

Lincoln General
Insurance Company



Phone 717-757-0000

FAX # 717-751-0165

3350 Whiteford Rd., P.O. Box 3709, York, PA 17402-0136

March 17, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

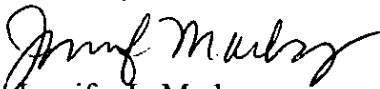
RE: Uniform Business Report

Dear Sir or Madam:

Enclosed is the Uniform Business Report for Lincoln General Insurance Company.

If you have any questions, please do not hesitate to contact me at (717) 757-0000 ext. 212.

Sincerely,


Jennifer L. Markey
Statistician