FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850386 (4)

1. Corporation Name
ITT LYNDON PROPERTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
645 MARYVILLE CENTRE DRIVE ST. LOUIS MO 63141-5832 US	645 MARYVILLE CENTRE DRIVE ST. LOUIS MO 63141-5832 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 43-1139865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, TERENCE L	1.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, FRANK A.	2.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP		
TITLE	~~VAX~~ VAS	3.1 TITLE	VAS	☒ Change ☐ Addition
NAME	~~ROUSSEAU, CONRAD F., JR.~~	3.2 NAME	RICHARD C. HACKETT	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ZWIENER, DAVID K.	4.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	LAUGHLIN, JOHN P.	5.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHAL, RAYMOND J.	6.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Richard C. Hackett 4-7-95 (314) 542-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vice President & Asst. Secretary

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CORPORATION ANNUAL REPORT 1995

ITT LYNDON PROPERTY INSURANCE COMPANY

12. (Cont'd.) Officers and Directors as of May 31, 1995.

Title	Name of Officers and Directors	Street Address of Each Officer and Director	City and State
C/P/CEO	Walker, Dale R.	645 Maryville Centre Drive	St. Louis, MO
V/D/CA	Anderson, Roland G.	645 Maryville Centre Drive	St. Louis, MO
V/D/AS	Wilson, Betty M.	645 Maryville Centre Drive	St. Louis, MO
D	Domeracki, Walter E.	645 Maryville Centre Drive	St. Louis, MO
D	Haynes, Carl W.	645 Maryville Centre Drive	St. Louis, MO
D	Richard L. Goldman	645 Maryville Centre Drive	St. Louis, MO
V/CNT	Rinehart, Keith A.	645 Maryville Centre Drive	St. Louis, MO
V	Kreke, Allen D.	645 Maryville Centre Drive	St. Louis, MO
V	Kupferman, E. Perry	645 Maryville Centre Drive	St. Louis, MO
V	Stevenson, Jeffrey G.	645 Maryville Centre Drive	St. Louis, MO
AV	Cariolano, Gregg O.	645 Maryville Centre Drive	St. Louis, MO
AV	Culp, W. Steven	645 Maryville Centre Drive	St. Louis, MO
AV	Boyd, G. William	645 Maryville Centre Drive	St. Louis, MO
AV	Nieman, Susan L.	645 Maryville Centre Drive	St. Louis, MO
AS	Crawford, Byron A.	645 Maryville Centre Drive	St. Louis, MO

CEO	Chief Executive Officer
CA	Chief Actuary
CNT	Controller
AV	Assistant Vice President
AS	Assistant Secretary