FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **850386** **(4)**

1. Corporation Name

~~ITT LYNDON PROPERTY INSURANCE COMPANY~~

LYNDON PROPERTY INSURANCE COMPANY NC 12-21-95 JR

600001842746
-05/29/96--01073--026
***200.00

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

3. Date Incorporated or Qualified: **09/11/1981**
3a. Date of Last Report: **04/26/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23	City & State 28
Zip / Country 24 63141-5815 25	Zip / Country 29 63141-5815 30

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 _____ (NOTE: Registered Agent's signature is required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PAYNE, TERENCE L		1.2 NAME	Anderson, Roland G	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		1.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST LOUIS MO		1.4 CITY-ST-ZIP	St. Louis MO 63141-5815	
TITLE	VD	☒ DELETE	2.1 TITLE	VTD	☐ Change ☒ Addition
NAME	ALVAREZ, FRANK A.		2.2 NAME	Cariolano, Gregg O	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		2.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST. LOUIS MO		2.4 CITY-ST-ZIP	St. Louis MO 63141-5815	
TITLE	VAS	☐ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	HACKETT, RICHARD C		3.2 NAME	Hackett, Richard C	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		3.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST. LOUIS MO		3.4 CITY-ST-ZIP	St. Louis MO 63141-5815	
TITLE	TD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	ZWIENER, DAVID K.		4.2 NAME	Kreke, Allen D	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		4.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY-ST-ZIP	St. Louis MO 63141-5815	
TITLE	V	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	LAUGHLIN, JOHN P.		5.2 NAME	Kupferman, E Perry	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		5.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY-ST-ZIP	St. Louis, MO 63141-5815	
TITLE	AT	☒ DELETE	6.1 TITLE	AV AS AT	☐ Change ☒ Addition
NAME	MICHAL, RAYMOND J.		6.2 NAME	Crawford, Byron A	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		6.3 STREET ADDRESS	645 Maryville Centre Drive	
CITY-ST-ZIP	ST. LOUIS MO		6.4 CITY-ST-ZIP	St. Louis, MO 63141-5815	

5-1-96 JR

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: Byron A Crawford Byron A Crawford 4/29/96 (314)275-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #