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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
LYNDON PROPERTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
645 MARYVILLE CENTRE DRIVE STE 200 ST. LOUIS MO 63141-5815 US	645 MARYVILLE CENTRE DRIVE STE 200 ST. LOUIS MO 63141-5815 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/11/1981	3a. Date of Last Report: 05/01/1996
21	26	4. FEI Number: 43-1139865	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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: (Registered agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, ROLAND G		1.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARIOLANO, GREGG O		2.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HACKETT, RICHARD C		3.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KREKE, ALLEN D		4.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	KUPFERMAN, PERRY E		5.2 NAME	KUPFERMAN, E. PERRY	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		5.4 CITY-ST-ZIP		
TITLE	AVST	☐ DELETE	6.1 TITLE	AVSTD	☒ Change ☐ Addition
NAME	CRAWFORD, BYRON A		6.2 NAME		
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141-5815		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 3-12-97 314/275-5200

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

0483269