

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850386

FILED
Apr 04, 2007
Secretary of State

Entity Name: LYNDON PROPERTY INSURANCE COMPANY

Current Principal Place of Business:

14755 NORTH OUTER FORTY DR
SUITE 400
ST. LOUIS, MO 630176050 US

New Principal Place of Business:

Current Mailing Address:

14755 NORTH OUTER FORTY DR.
STE 400
ST. LOUIS, MO 630176050 US

New Mailing Address:

FEI Number: 43-1139865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: CARIOLANO, GREGG O
Address: 14755 N. OUTER FORTY DR.
City-St-Zip: ST. LOUIS, MO 630176050 US

Title: PD () Delete
Name: GRIGGS, BRENT E
Address: 14755 N. OUTER FORTY DR.
City-St-Zip: ST. LOUIS, MO 630176050

Title: VPD () Delete
Name: MILLER, ALAN
Address: 14755 N OUTER FORTY DR
City-St-Zip: ST LOUIS, MO 630176050

Title: ASD () Delete
Name: DOWNAR, MARK S
Address: 14755 N OUTER FORTY DR
City-St-Zip: ST LOUIS, MO 630176050

Title: VPD () Delete
Name: MCCLUNG, QUENTIN D
Address: 14755 N OUTER FORTY DR
City-St-Zip: ST LOUIS, MO 630176050

Title: VPSD () Delete
Name: HACKETT, RICHARD C
Address: 14755 N OUTER FORTY DR
City-St-Zip: ST LOUIS, MO 630176050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HALLISSEY, LORI A
Address: 2345 WAUKEGAN RD.
City-St-Zip: BANNOCKBURN, IL 60015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK DOWNAR

ASD

04/04/2007

Electronic Signature of Signing Officer or Director

Date