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 # **850400** **(3)**

1. Corporation Name

~~ITT LYNDON LIFE INSURANCE COMPANY~~
LYNDON LIFE INSURANCE COMPANY

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

3. Date Incorporated or Qualified: 09/17/1981
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 200
City & State: 23
Zip: 24 63141-5815 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 200
City & State: 28
Zip: 29 63141-5815 Country: 30

4. FEI Number: 43-1137596 ☐ 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 BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 600001848486
-06/03/96--01061--003
84 City ***200.00 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 date as well. (NOTE: Registered Agent Signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	ALVAREZ, FRANK A.		1.2 NAME	Anderson, Roland G	
STREET ADDRESS	645 MARYVILLE CENTRE DR		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	TD	☒ DELETE	2.1 TITLE	VTD	☐ Change ☒ Addition
NAME	ZWIENER, DAVID K		2.2 NAME	Cariolano, Gregg O	
STREET ADDRESS	645 MARYVILLE CENTRE DR		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	AS	☐ DELETE	3.1 TITLE	AV AS AT	☒ Change ☐ Addition
NAME	CRAWFORD, BYRON A		3.2 NAME	Crawford, Byron A	
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	V	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	KUPFERMAN, E. PERRY		4.2 NAME	Kupferman, E. Perry	
STREET ADDRESS	645 MARYVILLE CENTRE DR		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	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	PAYNE, TERENCE L.		5.2 NAME	Kreke, Allen D	
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	VAS	☐ DELETE	6.1 TITLE	VSD	☒ Change ☐ Addition
NAME	HACKETT, RICHARD C		6.2 NAME	Hackett, Richard C	
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	

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 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 Number