FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90188 050 ***150.00

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DOCUMENT # **850400**

1. Corporation Name
LYNDON LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
645 MARYVILLE CENTRE DR SUITE 200 ST LOUIS MO 63141-5815 US	645 MARYVILLE CENTRE DRIVE ST LOUIS MO 63141-5832 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/17/1981

2. Principal Place of Business	2a. Mailing Address
21 520 Maryville Centre Drive	26 520 Maryville Centre Drive
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 St. Louis, MO	City & State 28 St. Louis, MO
Zip / Country 24 63141-5814 25 US	Zip / Country 29 63141-5814 30 US

4. FEI Number: 43-1137596 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BUILDING TALLAHASSEE FL FL 32301	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	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, ROLAND G	1.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	1.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST. LOUIS MO 63141-5815	1.4 CITY-ST-ZIP	St. Louis, MO 63141-5814
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	520 Maryville Centre Drive
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	St. Louis, MO 63141-5814
TITLE	VSTD ☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	CRAWFORD, BYRON A	3.2 NAME	Gerard Hartwick
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	3.3 STREET ADDRESS	195 Lake Louise Marie Road
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	Rock Hill, NY 12775-8000
TITLE	VD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	KUPFERMAN, E. PERRY	4. 2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DR	4.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST LOUIS MO 63141-5815	4.4 CITY-ST-ZIP	St. Louis, MO 63141-5814
TITLE	VD ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MCCAW, JOSEPH R	5.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DR	5.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST LOUIS MO 63141	5.4 CITY-ST-ZIP	St. Louis, MO 63141-5814
TITLE	VSD ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	HACKETT, RICHARD C	6.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	6.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST LOUIS MO 63141-5815	6.4 CITY-ST-ZIP	St. Louis, MO 63141-5814

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Gregg O. Cariolano 4/15/99 314/275-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #