

APR-04-2005

Division of Corporations

CORPORATION

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Florida Department of State
Division of Corporations
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Lyndon Southern Insurance Company

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LYNDON SOUTHERN INSURANCE COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LOUISIANA

(State or country under the law of which it is incorporated)

3. 43-1754760

(FBI number, if applicable)

4. SEPTEMBER 16, 1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 660 N. MAIN STREET, MARKSVILLE, LA 71351

(Principal office address)

P.O. BOX 157, MARKSVILLE, LA 71351-0157

(Current mailing address)

8. PROPERTY & CASUALTY INSURER

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Margaret E. Routzahn

(Registered agent's signature)

MARGARET E. ROUTZAHN
Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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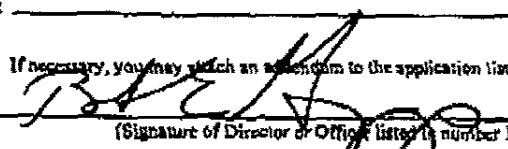
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A. DIRECTORS

See Attached

Chairman: _____
Address: _____Vice Chairman: _____
Address: _____Director: _____
Address: _____Director: _____
Address: _____**B. OFFICERS**

See Attached

President: _____
Address: _____Vice President: _____
Address: _____Secretary: _____
Address: _____Treasurer: _____
Address: _____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.  _____
(Signature of Director or Officer listed in number 12 of the application)14. Brent E Grizzo President _____
(Typed or printed name and capacity of person signing application)

LYNDON SOUTHERN INSURANCE COMPANY

DIRECTORS		
NAME	TITLE	ADDRESS
Brent E. Griggs	Chairman	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Gregg O. Carolano	Director	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Robert A. Dickey	Director	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Mark S. Downar	Director	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Richard C. Hackett	Director	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
OFFICERS		
NAME	TITLE	ADDRESS
Brent E. Griggs	CEO President	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Gregg O. Carolano	CFO, Controller Sr. Vice President Treasurer	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Richard C. Hackett	Sr. Vice President Secretary	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Mark S. Downar	Asst. Treasurer Asst. Secretary	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Pamela A. Gordon	Asst. Secretary	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017
Kelly M. Weber	Appointed Actuary	14755 N. Outer Forty Dr., Ste. 400 St. Louis, MO 63017



J. ROBERT WOOLEY

COMMISSIONER OF INSURANCE

I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO
HEREBY CERTIFY THAT

Lyndon Southern Insurance Company

NAIC Number 10051

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Health & Accident, Vehicle, Liability, Burglary & Forgery, Glass, Fidelity & Surety, Fire & Extended Coverage, Steam Boiler & Sprinkler Leakage, Crop & Livestock, Marine & Transportation, Miscellaneous and Credit Property & Casualty in this State. I further certify that the said Lyndon Southern Insurance Company is possessed of admitted assets in the amount of \$10,997,806 dollars, and has a paid-in capital of \$1,500,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least \$4,612,162, as shown by its annual statement submitted to this Department as of December 31, 20 04.

Given Under my signature, authenticated with the impress of my

Seal of office, at the City of Baton Rouge, this, 30th

day of March A.D. 2005

J. Robert Woolley