

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002081

FILED
Feb 22, 2007
Secretary of State

Entity Name: LYNDON SOUTHERN INSURANCE COMPANY

Current Principal Place of Business:

660 N. MAIN STREET
MARKSVILLE, LA 71351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 157
MARKSVILLE, LA 713510157

New Mailing Address:

FEI Number: 43-1754760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: GRIGGS, BRENT
Address: 14755 N. OUTER FORTY DR., STE. 400
City-St-Zip: ST. LOUIS, MO 63017

Title: DSFO () Delete
Name: CARIOLANO, GREGG O
Address: 14755 N. OUTER FORTY DR., STE. 400
City-St-Zip: ST. LOUIS, MO 63017

Title: D () Delete
Name: DICKEY, ROBERT A
Address: 14755 N. OUTER FORTY DR., STE. 400
City-St-Zip: ST. LOUIS, MO 63017

Title: DTS () Delete
Name: DOWNAR, MARK S
Address: 14755 N. OUTER FORTY DR., STE. 400
City-St-Zip: ST. LOUIS, MO 63017

Title: DVS () Delete
Name: HACKETT, RICHARD C
Address: 14755 N. OUTER FORTY DR., STE 400
City-St-Zip: ST. LOUIS, MO 63017

Title: AS () Delete
Name: GORDON, PAMELA A
Address: 14755 N. OUTER FORTY DR., STE. 400
City-St-Zip: ST. LOUIS, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TINA M BISHOP

Electronic Signature of Signing Officer or Director

FILE

02/22/2007

Date