

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002081

FILED
Mar 18, 2009
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:

CHIEF FINANCIAL OFFICER
POBOX 6200 32314-6200
200 E.GAINES ST.
TALLAHASSEE, FL 32399 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: CEO () Delete
Name: KAHLBAUGH, RICK
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRES () Delete
Name: BULLARD, WILLIAM D
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC () Delete
Name: SHORT, JOHN G
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: TRES () Delete
Name: VRBAN, MICHAEL
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

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:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM DALE BULLARD

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date