

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002081

FILED
Jan 07, 2011
Secretary of State

Entity Name: LYNDON SOUTHERN INSURANCE COMPANY

Current Principal Place of Business:

1807 NORTH MARKET ST.
WILMINGTON, DE 19802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44130
JACKSONVILLE, FL 32202

New Mailing Address:

P.O. BOX 44130
JACKSONVILLE, FL 32231

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: NA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: KAHLBAUGH, RICK
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN G. SHORT

SEC

01/07/2011

Electronic Signature of Signing Officer or Director

Date