

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004103 (6)

1. Corporation Name

LEXINGTON NATIONAL INSURANCE CORPORATION

Principal Place of Business

214 EAST LEXINGTON STREET
BALTIMORE MD 21202

Mailing Address

214 EAST LEXINGTON STREET
BALTIMORE MD 21202



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
08/24/1995	N/A
4. FEI Number	Applied For
52-1662720	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	200001873432
84	City
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

Signature of the corporation's officer or director (Typed name of the officer or director)

(NOTE: Registered Agent's signature required when replacing)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	D
NAME	FRANK, BRIAN J	12 NAME	Hackerman, Harold I., CPA
STREET ADDRESS	214 EAST LEXINGTON STREET	13 STREET ADDRESS	Ellin & Tucker, Chartered 36 S. Charles St
CITY-ST-ZIP	BALTIMORE MD 21202	14 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	D	21 TITLE	D
NAME	BIRrane, EDWARD J	22 NAME	Nochumowitz, Paul W.
STREET ADDRESS	28 W ALLEGHENY AVE	23 STREET ADDRESS	30 East 25th Street
CITY-ST-ZIP	TOWSON MD 21204	24 CITY-ST-ZIP	Baltimore, MD 21218
TITLE	D	31 TITLE	D
NAME	FENNELL, LORENZO B	32 NAME	Grady, Joseph H., Esquire
STREET ADDRESS	7 EAST REDWOOD ST., STE. 1800	33 STREET ADDRESS	2 East Fayette Street, 6th floor
CITY-ST-ZIP	BALTIMORE MD 21202	34 CITY-ST-ZIP	Baltimore, MD 21202
TITLE	VD	41 TITLE	D
NAME	FRANK, PHYLLIS K	42 NAME	Sachs, Stewart D.
STREET ADDRESS	214 EAST LEXINGTON STREET	43 STREET ADDRESS	1 East Cherry Hill Road
CITY-ST-ZIP	BALTIMORE MD 21202	44 CITY-ST-ZIP	Reisterstown, MD 21136
TITLE	SD	51 TITLE	S
NAME	UDOFF, BARRY D	52 NAME	Jerscheld, Lisa R.
STREET ADDRESS	214 EAST LEXINGTON STREET	53 STREET ADDRESS	214 East Lexington Street
CITY-ST-ZIP	BALTIMORE MD 21202	54 CITY-ST-ZIP	Baltimore, MD 21202
TITLE	TD	61 TITLE	
NAME	FRANK, RONALD A	62 NAME	
STREET ADDRESS	214 EAST LEXINGTON STREET	63 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian J. Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian J. Frank, President 6/17/96

1-800-951-2663

CR2E034 (3/96)