


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90001 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000004103					
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		3. Date Incorporated or Qualified 08/24/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-1662720	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input 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		
			84 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK, BRIAN J		1.2 NAME		
STREET ADDRESS	214 EAST LEXINGTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRrane, EDWARD J		2.2 NAME		
STREET ADDRESS	28 W ALLEGHENY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TOWSON MD 21204		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FENNELL, LORENZO B		3.2 NAME		
STREET ADDRESS	7 EAST REDWOOD ST., STE. 1800		3.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK, PHYLLIS K		4.2 NAME		
STREET ADDRESS	214 EAST LEXINGTON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, LISA R.		5.2 NAME		
STREET ADDRESS	214 EAST LEXINGTON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		5.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK, RONALD A		6.2 NAME		
STREET ADDRESS	214 EAST LEXINGTON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21202		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

244890-90001-17
F95000004103

Lexington National Insurance Corporation
Florida Profit Corporation Annual Report
1999
Document # F95000004103

FEI Number 52-1662720

Section 12. Officers and Directors - Continued

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