

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004103

FILED
Feb 04, 2009
Secretary of State

Entity Name: LEXINGTON NATIONAL INSURANCE CORPORATION

Current Principal Place of Business:

200 EAST LEXINGTON STREET
SUITE 501
BALTIMORE, MD 21202

New Principal Place of Business:

Current Mailing Address:

200 EAST LEXINGTON STREET
SUITE 501
BALTIMORE, MD 21202

New Mailing Address:

FEI Number: 52-1662720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: CP () Delete
Name: FRANK, BRIAN J
Address: 200 EAST LEXINGTON STREET, SUITE 501
City-St-Zip: BALTIMORE, MD 21202

Title: D () Delete
Name: FENNEL, LORENZO B
Address: 1128 BEECH DRIVE
City-St-Zip: BALTIMORE, MD 21220

Title: VD () Delete
Name: FRANK, PHYLLIS K
Address: 200 EAST LEXINGTON STREET, SUITE 501
City-St-Zip: BALTIMORE, MD 21202

Title: S () Delete
Name: SLATER, LISA R
Address: 200 EAST LEXINGTON STREET, SUITE 501
City-St-Zip: BALTIMORE, MD 21202

Title: TD () Delete
Name: FRANK, RONALD A
Address: 200 EAST LEXINGTON STREET, SUITE 501
City-St-Zip: BALTIMORE, MD 21202

Title: D () Delete
Name: HACKERMAN, HAROLD I
Address: 100 SOUTH CHARLES STREET, SUITE 1300
City-St-Zip: BALTIMORE, MD 21201

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 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: BRIAN J. FRANK

CP

02/04/2009

Electronic Signature of Signing Officer or Director

Date