

F95000004103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

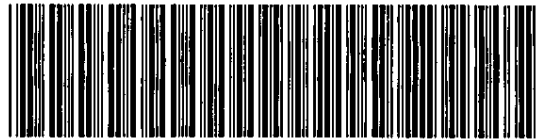
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/14--01048--012 **35.00

APPROVED
AND
FILED

14 OCT 28 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/28/14 3:00 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEXINGTON NATIONAL INSURANCE CORPORATION
Name of Corporation

DOCUMENT NUMBER: F95000004103

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Marzullo

Name of Contact Person

Lexington National Insurance Corporation

Firm/Company

P. O. Box 6098

Address

Lutherville, Maryland 21094

City/State and Zip Code

KMarzullo@Lexingtonnational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Marzullo

Name of Contact Person

at **(410) 625-0800**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Check previously sent

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2014

KIM MARZULLO
P.O. BOX 6098
LUTHERVILLE, MD 21094

SUBJECT: LEXINGTON NATIONAL INSURANCE CORPORATION
Ref. Number: F95000004103

We have received your document for LEXINGTON NATIONAL INSURANCE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Foreign Corporation not a Florida Corporation. The form you sent in is not correct I am sending you the correct forms to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 014A00022211

RECEIVED
OCT 28 PM 2:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Lexington National Insurance Corporation
2. This entity was authorized to transact business in Florida on 8/24/1995 and its Florida document number is F95000004103
3. This corporation was formed under the laws of Maryland
4. The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>President</u>	<u>Ronald A. Frank</u> <u>11426 York Road, 2nd Floor</u> <u>Hunt Valley, Md 21030</u>
<u>Secretary</u>	<u>Lisa L. Slater</u> <u>11426 York Road, 2nd Floor</u> <u>Hunt Valley, Md 21030</u>
<u>Treasurer</u>	<u>Kim Marzullo</u> <u>11426 York Road, 2nd Floor</u> <u>Hunt Valley, Md 21030</u>
<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>

14 OCT 28 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

(Attach additional pages if necessary)

Kim Marzullo

Signature of an officer or director

Kim Marzullo

Typed or printed name of person signing

Treasurer

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314