

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90414 033 ***150.00

DOCUMENT # F95000006088

1. Entity Name
LEXON INSURANCE COMPANY



Principal Place of Business

10002 SHELBYVILLE ROAD
SUITE 100
LOUISVILLE, KY 40223 US

Mailing Address

10002 SHELBYVILLE ROAD
SUITE 100
LOUISVILLE, KY 40223 US

50012942



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

76-0128873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	EUGENE-SEMROW, GREGORY	
STREET ADDRESS	631 SHATE LANE	
CITY-ST-ZIP	OLD HICKORY, TN 37138	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	DIERUF, THOMAS A	
STREET ADDRESS	10000 SHELBYVILLE ROAD, STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUCHANAN, DONALD D	
STREET ADDRESS	10000 SHELBYVILLE ROAD, STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, JAMES A II	
STREET ADDRESS	10000 SHELBYVILLE ROAD, STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EGAN, RAY M	
STREET ADDRESS	10002 SHELBYVILLE ROAD, STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAUER, PHILIP G	
STREET ADDRESS	10002 SHELBYVILLE ROAD, STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Semrow, Gregory Eugene	
STREET ADDRESS	631 SHATE LANE	
CITY-ST-ZIP	OLD HICKORY, TN 37138	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dieruf, Thomas A.	
STREET ADDRESS	10000 Shelbyville Rd. Ste 100	
CITY-ST-ZIP	Louisville, Ky 40223	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULBERTSON, ROSE MARIE	
STREET ADDRESS	10002 SHELBYVILLE RD. STE 100	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lauer, Philip G	
STREET ADDRESS	10002 Shelbyville Rd, Ste 100	
CITY-ST-ZIP	Louisville, KY 40223	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

Daytime Phone #