

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006088

FILED  
Jan 31, 2007  
Secretary of State

Entity Name: LEXON INSURANCE COMPANY

## Current Principal Place of Business:

10002 SHELBYVILLE ROAD  
SUITE 100  
LOUISVILLE, KY 40223 US

## New Principal Place of Business:

## Current Mailing Address:

10002 SHELBYVILLE ROAD  
SUITE 100  
LOUISVILLE, KY 40223 US

## New Mailing Address:

FEI Number: 76-0128873      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: VP ( ) Delete  
Name: SEMROW, GREGORY EUGENE  
Address: 631 SHATE LANE  
City-St-Zip: OLD HICKORY, TN 37138

Title: TD ( ) Delete  
Name: DIERUF, THOMAS A  
Address: 10000 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: SD ( ) Delete  
Name: BUCHANAN, DONALD D  
Address: 10000 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: D ( ) Delete  
Name: PATTERSON, JAMES A II  
Address: 10000 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: VD ( ) Delete  
Name: EGAN, RAY M  
Address: 10002 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: VD ( ) Delete  
Name: LAUER, PHILIP G  
Address: 10002 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SEMROW, GREGORY E  
Address: 631 SHUTE LANE  
City-St-Zip: OLD HICKORY, TN 37138

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, DAVID E  
Address: 631 SHUTE LANE  
City-St-Zip: OLD HICKORY, TN 37138

Title: VAS (X) Change ( ) Addition  
Name: CULBERTSON, ROSE M  
Address: 10002 SHELBYVILLE ROAD, STE 100  
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSE M. CULBERTSON

VAS

01/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date