

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006088

FILED
Apr 24, 2008
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 E
Address: 631 SHUTE 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: PD () Delete
Name: CAMPBELL, DAVID E
Address: 631 SHUTE LANE
City-St-Zip: OLD HICKORY, TN 37138

Title: VAS () Delete
Name: CULBERTSON, ROSE 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: 256 JACKSON MEADOWS DR, STE 201
City-St-Zip: OLD HICKORY, TN 37138

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

Title: () Change () Addition
Name:
Address:
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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: ROSE M CULBERTSON

VAS

04/24/2008

Electronic Signature of Signing Officer or Director

Date