

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006088

FILED
Mar 16, 2012
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

OFFICERS AND DIRECTORS:

Title: VPD
Name: SEMROW, GREGORY E
Address: 256 JACKSON MEADOWS DR, STE 201
City-St-Zip: HERMITAGE, TN 37076

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

Title: COO
Name: KRAHL, CRAIG
Address: 256 JACKSON MEADOWS DR, STE 201
City-St-Zip: HERMITAGE, TN 37076

Title: PD
Name: CAMPBELL, DAVID E
Address: 256 JACKSON MEADOWS DR, STE 201
City-St-Zip: HERMITAGE, TN 37076

Title: VTD
Name: CULBERTSON, ROSE M
Address: 10002 SHELBYVILLE ROAD, STE 100
City-St-Zip: LOUISVILLE, KY 40223

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

I hereby 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 all other like empowered.

SIGNATURE: ROSE CULBERTSON

VP

03/16/2012

Electronic Signature of Signing Officer or Director

Date