

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213546385

1.) CORPORATION NAME:

Lyndon Property Insurance Company

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0373680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14755 NORTH OUTER FORTY DRIVE
SUITE 400

CITY/ST/ZIP: CHESTERFIELD, MO 63017-6050

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Marshall Scott Karchunas			
TITLE:	PRESIDENT			
ADDRESS:	14755 NORTH OUTER FORTY DRIVE			
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GREGG O CARIOLANO			
TITLE:	SR VP/CFO			
ADDRESS:	14755 NORTH OUTER FORTY DRIVE			
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD C HACKETT			
TITLE:	SR VP/S			
ADDRESS:	14755 NORTH OUTER FORTY DRIVE			
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CARRI ANN PROFAIZER			
TITLE:	VICE PRESIDENT			
ADDRESS:	14755 N OUTER FORTY DR SUITE 400			
CITY/ST/ZIP/CO:	ST LOUIS, MO 63017			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARK S DOWNAR			
TITLE:	AS/AT			
ADDRESS:	14755 NORTH OUTER FORTY DRIVE			
CITY/ST/ZIP/CO:	CHESTERFIELD, MO 63017			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT DICKEY			
TITLE:	DIRECTOR			
ADDRESS:	14755 N OUTER FORTY DR SUITE 400			
CITY/ST/ZIP/CO:	ST LOUIS, MO 63017			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD KURTZ DIRECTOR 14755 N OUTER FORTY DR SUITE 400 ST LOUIS, MO 63017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Laura Lynn Foster DIRECTOR 14755 North Outer Forty Dr Suite 400 St Louis, MO 63017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher J Bernish DIRECTOR 2801 Highway 280 South Birmingham, AL 35223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK S DOWNAR	MARK S DOWNAR, AS/AT	10/4/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			