

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215538547

1.) CORPORATION NAME:

Lyndon Property Insurance Company

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
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:	CHRISTOPHER J BERNISH	
TITLE:	DIRECTOR	
ADDRESS:	2801 HIGHWAY 280 SOUTH	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35223	

NAME: ROBERT DICKEY TITLE: DIRECTOR ADDRESS: 14755 N OUTER FORTY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA LYNN FOSTER TITLE: DIRECTOR ADDRESS: 14755 NORTH OUTER FORTY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD KURTZ TITLE: DIRECTOR ADDRESS: 14755 N OUTER FORTY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63017	<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	10/21/2015
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.		