

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212517071

1.) CORPORATION NAME:

**Lexon Insurance Company**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**BANK OF AMERICA CENTER**

**16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1424425**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10002 SHELBYVILLE RD  
STE 100

CITY/ST/ZIP: LOUISVILLE, KY 40223

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.

NAME:	DAVID E CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DR STE 201		
CITY/ST/ZIP/CO:	HERMITAGE, TN 37076		

NAME:	GREGORY EUGENE SEMROW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DR STE 201		
CITY/ST/ZIP/CO:	HERMITAGE, TN 37076		

NAME:	ROSE M CULBERTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP of HR, CIO		
ADDRESS:	10002 SHELBYVILLE ROAD STE 100		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223		

NAME:	P GREGORY LAUER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP CFO Sec Trea		
ADDRESS:	10002 SHELBYVILLE RD SUITE 100		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223		

NAME:	CAROL LYNN FRITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DR STE 201		
CITY/ST/ZIP/CO:	HERMITAGE, TN 37076		

NAME: CRAIG HUNT KRAHL TITLE: PRESIDENT ADDRESS: 256 JACKSON MEADOWS DR STE 201 CITY/ST/ZIP/CO: HERMITAGE, TN 37076	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: THOMAS A DIERUF TITLE: CHAIRMAN ADDRESS: 10000 SHELBYVILLE ROAD STE 100 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANDREW L RENSHAW TITLE: VICE PRESIDENT ADDRESS: 256 JACKSON MEADOWS DR CITY/ST/ZIP/CO: HERMITAGE, TN 37076	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TREVOR M JURGENSEN TITLE: VICE PRESIDENT ADDRESS: 256 JACKSON MEADOWS DR CITY/ST/ZIP/CO: HERMITAGE, TN 37076	<input checked="" type="checkbox"/>	OFFICER	<input 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/ DAVID E CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID E CAMPBELL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/7/2012 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.				