

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

**Lexon Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1424425**

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
16TH FLOOR, 1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

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 TITLE: PRESIDENT ADDRESS: 12890 Lebanon Road CITY/ST/ZIP/CO: Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL LYNN FRITZ TITLE: VICE PRESIDENT ADDRESS: 12890 Lebanon Road CITY/ST/ZIP/CO: Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG HUNT KRAHL TITLE: COO ADDRESS: 12890 Lebanon Road CITY/ST/ZIP/CO: Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROSE M CULBERTSON TITLE: CIO ADDRESS: 12890 Lebanon Road CITY/ST/ZIP/CO: Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: P GREGORY LAUER TITLE: VP CFO SEC TREA ADDRESS: 10002 SHELBYVILLE RD SUITE 100 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY EUGENE SEMROW TITLE: VICE PRESIDENT ADDRESS: 12890 Lebanon Road CITY/ST/ZIP/CO: Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	THOMAS A DIERUF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10000 SHELBYVILLE ROAD		
CITY/ST/ZIP/CO:	STE 100 LOUISVILLE, KY 40223		

NAME:	Mark M. Wilson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	155 NE 100th Street		
CITY/ST/ZIP/CO:	Suite 201 Seattle, WA 80015		

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	DAVID E CAMPBELL, PRESIDENT	4/3/2013
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.