

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

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
COMMON	4,000,000

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12890 LEBANON ROAD		
CITY/ST/ZIP/CO:	MOUNT JULIET, TN 37122		

NAME:	MARK M. WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	155 NE 100TH STREET		
CITY/ST/ZIP/CO:	SUITE 201 SEATTLE, WA 80015		

NAME:	CAROL LYNN FRITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12890 LEBANON ROAD		
CITY/ST/ZIP/CO:	MOUNT JULIET, TN 37122		

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

NAME:	GREGORY EUGENE SEMROW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12890 LEBANON ROAD		
CITY/ST/ZIP/CO:	MOUNT JULIET, TN 37122		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSE M CULBERTSON CIO 12890 LEBANON ROAD MOUNT JULIET, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A DIERUF CHAIRMAN 10000 SHELBYVILLE ROAD STE 100 LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG HUNT KRAHL COO 12890 LEBANON ROAD MOUNT JULIET, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew Smith ASST SECRETARY 12890 Lebanon Road Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeff Smalling Vice President 12890 Lebanon Road Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeremy Sentman Vice President 12890 Lebanon Rd Mount Juliet, TN 37122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matthew J. Semeraro DIRECTOR 21 High St Ste 208 B North Andover, MA 01845	<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/ DAVID E CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID E CAMPBELL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/16/2014 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.			