

1.) CORPORATION NAME:

**Lyndon Financial Corporation**

DUE DATE: **12/31/2011**

SCC ID NO: **F1845470**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD**

**STE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

**GLEN ALLEN, VA 23060-6802**

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 DR  
SUITE 400

CITY/ST/ZIP: ST LOUIS, MO 63017-

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: BRENT EDWIN GRIGGS  
TITLE: PRESIDENT  
ADDRESS: LYNDON INSURANCE GROUP INC  
14755 N OUTER FORTY DR STE 400  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-

OFFICER

DIRECTOR

NAME: GREGG OLAV CARIOLANO  
TITLE: TREASURER  
ADDRESS: LYNDON INSURANCE GROUP INC  
14755 N OUTER FORTY DR  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-

OFFICER

DIRECTOR

NAME: RICHARD HACKETT  
TITLE: SECRETARY  
ADDRESS: 14755 NORTH OUTER FORTY DR  
SUITE 400  
CITY/ST/ZIP/CO: ST LOUIS, MO 63017-

OFFICER

DIRECTOR

NAME: MARK DOWNAR  
TITLE: ASST SECRETARY  
ADDRESS: 14755 NORTH OUTER FORTY DR  
SUITE 400  
CITY/ST/ZIP/CO: ST LOUIS, MO 63017-

OFFICER

DIRECTOR

NAME: RICHARD BIELAN TITLE: VICE PRESIDENT ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: EDWARD BERKO TITLE: VICE PRESIDENT ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: STEVEN WALKER TITLE: VICE PRESIDENT ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: CRAIG PHILLIPS TITLE: ASST SECRETARY ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: MALCOLM LEE BARTLETT TITLE: VICE PRESIDENT ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: CHARLES EVERS TITLE: ASST SECRETARY ADDRESS: 2801 HIGHWAY 280 S CITY/ST/ZIP/CO: BIRMINGHAM, AL 35223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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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 DOWNAR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK DOWNAR, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	12/5/2011 _____ DATE
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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.