

1.) CORPORATION NAME:

Lyndon Financial Corporation

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD
STE 301**

SCC ID NO: **F1845470**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

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 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	LYNDON INSURANCE GROUP INC		
CITY/ST/ZIP/CO:	14755 N OUTER FORTY DR STE 400 CHESTERFIELD, MO 63017		

NAME:	MALCOLM LEE BARTLETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2801 HIGHWAY 280 S		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35223		

NAME:	RICHARD BIELAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2801 HIGHWAY 280 S		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35223		

NAME:	STEVEN WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2801 HIGHWAY 280 S		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35223		

NAME:	RICHARD HACKETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	14755 NORTH OUTER FORTY DR SUITE 400		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63017		

NAME: MARK DOWNAR TITLE: ASST SECRETARY ADDRESS: 14755 NORTH OUTER FORTY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63017	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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	
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	
NAME: GREGG OLAV CARIOLANO TITLE: TREASURER ADDRESS: LYNDON INSURANCE GROUP INC 14755 N OUTER FORTY DR CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017	<input checked="" 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 DOWNAR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK DOWNAR, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	12/3/2012 _____ 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.		