

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214552270

1.) CORPORATION NAME:

Lyndon Financial Corporation

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1845470**

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.

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

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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
NAME:	RICHARD HACKETT	
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	
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	12/4/2014 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.		