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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25787** **(3)**

1. Corporation Name
LM INSURANCE CORPORATION

Principal Place of Business	Mailing Address
2829 WESTON PARKWAY STE. 300 WEST DES MOINES IA 50266-1338 US	175 BERKELEY ST. BOSTON MA 02116-5066 US

3. Date Incorporated or Qualified: 08/28/1989
3a. Date of Last Report: 09/27/1996

2. Principal Place of Business	2a. Mailing Address
21	26 Mary Garlock
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 175 Berkeley St., 10-B
City & State 23	City & State 28 Boston, Massachusetts
Zip / Country 24 / 25	Zip / Country 29 02117-0140 / 30 US

4. FEI Number: 04-3058504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required when reinstating; NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COUNTRYMAN, GARY L		1.2 NAME		
STREET ADDRESS	175 BERKELEY STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNERS, JOHN B.		2.2 NAME		
STREET ADDRESS	175 BERKELEY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILVAR, BARRY S		3.2 NAME		
STREET ADDRESS	175 BERKELEY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRUHL, ROBERT H.		4.2 NAME		
STREET ADDRESS	175 BERKELEY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP		
TITLE	VATD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	FONTANES, A. ALEXANDER		5.2 NAME	Fontanes, A. Alexander	
STREET ADDRESS	175 BERKELEY ST.		5.3 STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP	Boston, Massachusetts 02117-0140	
TITLE	PCOO	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	KELLY, EDMUND F		6.2 NAME	Conners, John B.	
STREET ADDRESS	175 BERKELEY ST.		6.3 STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP	Boston, Massachusetts 02117-0140	

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry S Gilvar 03/14/97 617-357-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000232