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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 2829 WESTON PARKWAY STE. 300 WEST DES MOINES IA 50266-1338 US		Mailing Address 175 BERKELEY ST. BOSTON MA 02116-5066 US	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Mary Garlock Suite, Apt. #, etc. 27 175 Berkeley St., 10-B City & State 28 Boston, Massachusetts Zip 29 02117-0140 Country 30 US	
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 85 Zip Code FL	
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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____			
12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-ST-ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-ST-ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-ST-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-ST-ZIP 12.20 TITLE 12.21 NAME 12.22 STREET ADDRESS 12.23 CITY-ST-ZIP 12.24 TITLE 12.25 NAME 12.26 STREET ADDRESS 12.27 CITY-ST-ZIP 12.28 TITLE 12.29 NAME 12.30 STREET ADDRESS 12.31 CITY-ST-ZIP 12.32 TITLE 12.33 NAME 12.34 STREET ADDRESS 12.35 CITY-ST-ZIP 12.36 TITLE 12.37 NAME 12.38 STREET ADDRESS 12.39 CITY-ST-ZIP 12.40 TITLE 12.41 NAME 12.42 STREET ADDRESS 12.43 CITY-ST-ZIP 12.44 TITLE 12.45 NAME 12.46 STREET ADDRESS 12.47 CITY-ST-ZIP 12.48 TITLE 12.49 NAME 12.50 STREET ADDRESS 12.51 CITY-ST-ZIP 12.52 TITLE 12.53 NAME 12.54 STREET ADDRESS 12.55 CITY-ST-ZIP 12.56 TITLE 12.57 NAME 12.58 STREET ADDRESS 12.59 CITY-ST-ZIP 12.60 TITLE 12.61 NAME 12.62 STREET ADDRESS 12.63 CITY-ST-ZIP 12.64 TITLE 12.65 NAME 12.66 STREET ADDRESS 12.67 CITY-ST-ZIP 12.68 TITLE 12.69 NAME 12.70 STREET ADDRESS 12.71 CITY-ST-ZIP 12.72 TITLE 12.73 NAME 12.74 STREET ADDRESS 12.75 CITY-ST-ZIP 12.76 TITLE 12.77 NAME 12.78 STREET ADDRESS 12.79 CITY-ST-ZIP 12.80 TITLE 12.81 NAME 12.82 STREET ADDRESS 12.83 CITY-ST-ZIP 12.84 TITLE 12.85 NAME 12.86 STREET ADDRESS 12.87 CITY-ST-ZIP 12.88 TITLE 12.89 NAME 12.90 STREET ADDRESS 12.91 CITY-ST-ZIP 12.92 TITLE 12.93 NAME 12.94 STREET ADDRESS 12.95 CITY-ST-ZIP 12.96 TITLE 12.97 NAME 12.98 STREET ADDRESS 12.99 CITY-ST-ZIP 12.100 TITLE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-ST-ZIP			
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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attached sheet 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			



CR2E034 (9/96)