

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 MARY GARLOCK 175 BERKELEY ST. STE 10-B BOSTON MA 02117-140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Correct		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/28/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 04-3058504	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CCEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRUHL, ROBERT H.			4.2 NAME	VT Williams, Elliot J.		
STREET ADDRESS	175 BERKELEY ST.			4.3 STREET ADDRESS	175 Berkeley Street		
CITY-ST-ZIP	BOSTON MA			4.4 CITY-ST-ZIP	Boston, Massachusetts 02117		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONTANES, A. ALEXANDER			5.2 NAME			
STREET ADDRESS	175 BERKELEY ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 40			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNERS, JOHN B			6.2 NAME			
STREET ADDRESS	175 BERKELEY ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 40			6.4 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 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:

 SIGNED

Barry S. Gilvar

01/06/98

(617) 357-9500

CR2E034 (10/97)