

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90117 038 ***150.00

DOCUMENT # P25787

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

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

TITLE CCEO ☐ DELETE
NAME COUNTRYMAN, GARY L
STREET ADDRESS 175 BERKELEY STREET
CITY-ST-ZIP BOSTON MA

TITLE VD ☐ DELETE
NAME CONNERS, JOHN B.
STREET ADDRESS 175 BERKELEY ST.
CITY-ST-ZIP BOSTON MA

TITLE VS ☐ DELETE
NAME GILVAR, BARRY S
STREET ADDRESS 175 BERKELEY ST.
CITY-ST-ZIP BOSTON MA

TITLE VTD ☒ DELETE
NAME GRUHL, ROBERT H.
STREET ADDRESS 175 BERKELEY ST.
CITY-ST-ZIP BOSTON MA

TITLE VD ☐ DELETE
NAME FONTANES, A. ALEXANDER
STREET ADDRESS 175 BERKELEY ST.
CITY-ST-ZIP BOSTON MA 40

TITLE VD ☐ DELETE
NAME CONNERS, JOHN B
STREET ADDRESS 175 BERKELEY ST
CITY-ST-ZIP BOSTON MA 40

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/Director ☒ Change ☐ Addition
1.2 NAME Countryman, Gary L.
1.3 STREET ADDRESS 175 Berkeley Street
1.4 CITY-ST-ZIP Boston, MA 02117

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Williams, Elliot J.
4.3 STREET ADDRESS 175 Berkeley Street
4.4 CITY-ST-ZIP Boston, MA 02117

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0000210