

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25787

1. Entity Name

LM INSURANCE CORPORATION

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90001 002 ***150.00

Principal Place of Business

Mailing Address

2829 WESTON PARKWAY
STE. 300
WEST DES MOINES IA 50266-1338
US

MARY GARLOCK
175 BERKELEY ST. STE 10-B
BOSTON MA 02116-5066
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3058504

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME COUNTRYMAN, GARY L
STREET ADDRESS 175 BERKELEY STREET
CITY-ST-ZIP BOSTON MA 02117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME GRUHL, ROBERT H.
STREET ADDRESS 175 BERKELEY ST.
CITY-ST-ZIP BOSTON MA 02117

TITLE Vice President and Treasurer ☐ Change ☒ Addition
NAME Williams, Elliot J.
STREET ADDRESS 175 Berkeley Street
CITY-ST-ZIP Boston, MA 02117

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Vice President and Director ☐ Change ☒ Addition
NAME Condren, J. Paul, III
STREET ADDRESS 175 Berkeley Street
CITY-ST-ZIP Boston, MA 02117

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barry S Gilvar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 1/12/00 (617) 357-9500

Date

Daytime Phone #

CR2E034 (9/99)