

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25787

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: LM INSURANCE CORPORATION

## Current Principal Place of Business:

2829 WESTON PARKWAY  
STE. 300  
WEST DES MOINES, IA 502661338 US

## New Principal Place of Business:

## Current Mailing Address:

MARY GARLOCK  
175 BERKELEY ST. STE 10-B  
BOSTON, MA 02117140 US

## New Mailing Address:

FEI Number: 04-3058504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: LANGWELL, DENNIS  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02117

Title: VD ( ) Delete  
Name: CONDRIN, J. PAUL,  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA

Title: VS ( ) Delete  
Name: LEGG, DEXTER  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 021170140

Title: D ( ) Delete  
Name: MANSFIELD, CHRISTOPHER C  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: VD ( ) Delete  
Name: FONTANES, A. ALEXANDER  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 40

Title: VD ( ) Delete  
Name: GREGG, GARY R  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 40

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEXTER R. LEGG

VS

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date