

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25787

**Entity Name:** LM INSURANCE CORPORATION**Current Principal Place of Business:**2815 FORBS AVENUE, SUITE 200  
HOFFMAN ESTATES, IL 60192**Current Mailing Address:**GINA HUDSON  
175 BERKELEY ST. STE 10-B  
BOSTON, MA 02116 US**FEI Number:** 04-3058504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title DIRECTOR  
Name LANGWELL, DENNIS J  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title PD  
Name LONG, DAVID H  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title SECD  
Name TOUHEY, MARK C  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title TREASURER  
Name YAHIA, LAURANCE H.S.  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name BHALLA, NEETI  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name CONDRIN III, JAMES P  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name HYLKA, STEPHEN D.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name KELLEHER, JAMES F.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK C TOUHEY**SECRETARY****04/26/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MICHEL, DEBORAH L.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name PEIRCE, CHRISTOPHER L.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name ORTIZ, RODOLFO  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name SWEENEY, TIMOTHY M  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116