2014 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

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

Certificate of Status Desired: No

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	CFOD		Title	PD
Name	LANGWELL, DENNIS J		Name	LONG, DAVID H
Address	175 BERKELEY ST.		Address	175 BERKELEY ST.
City-State-Zip:	BOSTON MA 02116		City-State-Zip:	BOSTON MA 02116
Title	SECD		Title	VPD
Name	LEGG, DEXTER R		Name	FONTANES, A. A
Address	175 BERKELEY ST.		Address	175 BERKELEY ST.
City-State-Zip:	BOSTON MA 02116		City-State-Zip:	BOSTON MA 02116
Title	VPD			
Name	PEIRCE, CHRISTOPHER L			
Address	175 BERKELEY ST.			
City-State-Zip:	BOSTON MA 02116			

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: DEXTER R. LEGG   SECRETARY   04/30/2014

Electronic Signature of Signing Officer/Director Detail   Date