

2018 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 02116Title PD
Name LONG, DAVID H
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116Title DIRECTOR
Name TOUHEY, MARK C
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116Title TREASURER
Name YAHIA, LAURANCE H.S.
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116Title DIRECTOR
Name BHALLA, NEETI
Address 175 BERKELEY ST.
City-State-Zip: BOSTON MA 02116Title DIRECTOR
Name CONDRIN III, JAMES P
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116Title DIRECTOR
Name HYLKA, STEPHEN D.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116Title 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: KRISTIN L. KELLEY**SECRETARY****04/10/2018**_____
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 SECRETARY
Name KELLEY, KRISTIN L.
Address GINA HUDSON
175 BERKELEY ST.
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