

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 802021

(6)

1. Corporation Name

LMI INSURANCE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3: 32

Principal Place of Business

900 SPRINGMILL ROAD
P.O. BOX 969
MANSFIELD OHIO 44906

Mailing Address

900 SPRINGMILL ROAD
P.O. BOX 969
MANSFIELD OHIO 44906

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 P.O. BOX 27257

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 RALEIGH, NC

24

25

29 27611-7257

30

3. Date Incorporated or Qualified
10/27/1924

3a. Date of Last Report
03/08/1994

4. FEI Number
34-0368340

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when mandatory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVAS
NAME	GREEBERG, STEPHEN J
STREET ADDRESS	725 S. HIGHLAND AVE.
CITY - ST - ZIP	MERION PA
TITLE	DAS
NAME	KIBBLEHOUSE, STEPHEN L
STREET ADDRESS	220 MARTINS WAY
CITY - ST - ZIP	MT LAUREL NJ
TITLE	V
NAME	SIDWELL, ROBERT G
STREET ADDRESS	1846 TWP RD. 1323 R 1
CITY - ST - ZIP	ASHLAND OH
TITLE	V
NAME	HERRICK, BRUCE W
STREET ADDRESS	1488 BUCK CREEK DR
CITY - ST - ZIP	YARDLEY PA
TITLE	V
NAME	MEDLIN, DENNIS B
STREET ADDRESS	100 TARTAN CT
CITY - ST - ZIP	GARNER NC
TITLE	V
NAME	BANDISH, DENNIS M
STREET ADDRESS	338 WINDY RUN DR
CITY - ST - ZIP	DOYLESTOWN PA

1.1 TITLE	D/V	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7255 S. HIGHLAND AVE.	
1.4 CITY - ST - ZIP		
2.1 TITLE	D/V	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D/C/S	☐ Change ☒ Addition
3.2 NAME	ALEXANDER M. VIK	
3.3 STREET ADDRESS	10 ASHTON DRIVE	
3.4 CITY - ST - ZIP	GREENWICH, CT	
4.1 TITLE	D/V	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	206 MURIFIELD LANE	
5.4 CITY - ST - ZIP	CLAYTON, NC	
6.1 TITLE	D/V/T	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature/Name)

Attachment A

**LMI Insurance Company
Corporation Annual Report**

Additional Officers/Directors

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City-St-Zip</u>
D/P	Gustav M. Vik	3900 City of Oaks Wynd	Raleigh, NC 27612
D	Timo H. Aittola	56 Birch Lane	Greenwich, CT 06878
V	William J. Ashley	8321 Lakewood Drive	Raleigh, NC 27613
V	John W. Easter	19 Kristin Way	Hamilton Square, NJ 08690
V	Robert G. Gage	17 Highview Lane	Yardley, PA 19067
V	Donald L. Johnson	1208 Swallow Court	Raleigh, NC 27606
V	Thomas C. Silika	430 Burke Road	Jackson, NJ 08527
V	Ralph A. Sukla	40 Parkside Drive	Langhorne, PA 19047