FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **802021** **(6)**

1. Corporation Name

LMI INSURANCE COMPANY

Principal Place of Business	Mailing Address
900 SPRINGMILL ROAD P.O. BOX 969 MANSFIELD OHIO 44906	PO BOX 27257 ~~P.O. BOX 969~~ e RALEIGH NC 27611-257 US

3. Date Incorporated or Qualified: **10/27/1924**

3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 **4011 WESTCHASE BLVD.**
22 Suite, Apt. #, etc.
23 **RALEIGH, NC**
24 Zip: **27607** 25 Country

2a. Mailing Address
26 **P.O. BOX 27257**
27 Suite, Apt. #, etc.
28 **RALEIGH, NC**
29 Zip: **27611-7257** 30 Country

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREEBERG, STEPHEN J		1.2 NAME		
STREET ADDRESS	7255 S HIGHLAND AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERION PA		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIBBLEHOUSE, STEPHEN L		2.2 NAME		
STREET ADDRESS	220 MARTINS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT LAUREL NJ		2.4 CITY-ST-ZIP		
TITLE	DCS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VIK, ALEXANDER M		3.2 NAME		
STREET ADDRESS	10 ASHTON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERRICK, BRUCE W		4.2 NAME		
STREET ADDRESS	1488 BUCK CREEK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	YARDLEY PA		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	D/P	☐ Change ☒ Addition
NAME	MEDLIN, DENNIS B		5.2 NAME	VIK, GUSTAV M.	
STREET ADDRESS	206 MURIFIELD LANE		5.3 STREET ADDRESS	3900 CITY OF OAKS WYND	
CITY-ST-ZIP	CLAYTON NC		5.4 CITY-ST-ZIP	RALEIGH NC	
TITLE	DVT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BANDISH, DENNIS M		6.2 NAME		
STREET ADDRESS	336 WINDY RUN DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DOYLESTOWN PA		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)(i), 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 the corporation or the receiver 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, added, or on an attachment with an address.

SIGNATURE: Gmm Gustav M. Vik 4/22/96 919-136-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)