



FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 08 1997 8:00am Secretary of State	
DOCUMENT # 802021 (6) 1. Corporation Name LMI INSURANCE COMPANY					
Principal Place of Business 4011 WESTCHASE BLVD P.O. BOX 969 RALEIGH NC 27607 US		Mailing Address PO BOX 27257 P.O. BOX 969 RALEIGH NC 27611-7257 US		3. Date Incorporated or Qualified 10/27/1924 3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 1000 LENOX DRIVE Suite, Apt. #, etc. 22 City & State 23 LAWRENCEVILLE, NJ Zip Country 24 08648-0426 25 MERCER		2a. Mailing Address 26 P.O. BOX 6426 Suite, Apt. #, etc. 27 City & State 28 LAWRENCEVILLE, NJ Zip Country 29 08648-0426 30 MERCER		4. FEI Number 34-0368340 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do hereby certify that the information supplied with this filing 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 or changed, or on an attachment with an address.					
SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____					

CH2E034 (9/96)