

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **802021** (6)  
1. Corporation Name  
**LMI INSURANCE COMPANY**

Principal Place of Business <b>1000 LENOX DR LAWRENCEVILLE NJ 08648-426 US</b>	Mailing Address <b>P O BOX 6426 LAWRENCEVILLE NJ 08648-426 US</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>10/27/1924</b>	4. FEI Number <b>34-0368340</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>GREEBERG, STEPHEN J 1000 LENOX DR LAWRENCEVILLE NJ 28</b>	1.1 TITLE <b>DVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>V</b>	<input type="checkbox"/> DELETE <b>KIBBLEHOUSE, STEPHEN L 1000 LENOX DR LAWRENCEVILLE NJ 28</b>	1.2 NAME <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>DCS</b>	<input checked="" type="checkbox"/> DELETE <b>VK, ALEXANDER M 1000 LENOX DR LAWRENCEVILLE NJ 28</b>	1.3 STREET ADDRESS <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>DP</b>	<input checked="" type="checkbox"/> DELETE <b>VK, GUSTAV M 1000 LENOX DR LAWRENCEVILLE NJ 28</b>	1.4 CITY-ST-ZIP <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VT</b>	<input type="checkbox"/> DELETE <b>MILLER, HOWARD C 18650 W CORPORATE DR BROOKFIELD WI 44</b>	2.1 TITLE <b>DVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		2.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	
NAME <input type="checkbox"/> DELETE		3.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	
NAME <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	
NAME <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
NAME <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)