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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90023 048 ***150.00

DOCUMENT # 802021

1. Corporation Name
LMI INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/27/1924

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 34-0368340	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	GREEBERG, STEPHEN J		1.2 NAME		
STREET ADDRESS	1000 LENOX DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE NJ 26		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIBBLEHOUSE, STEPHEN L		2.2 NAME		
STREET ADDRESS	1000 LENOX DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE NJ 26		2.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	3.1 TITLE	DVP	☐ Change ☒ Addition
NAME	JAMES F MARINO		3.2 NAME	Charles J. Bachand	
STREET ADDRESS	1000 LENOX DR		3.3 STREET ADDRESS	10370 Richmond Avenue	
CITY-ST-ZIP	LAWRENCEVILLE NJ 26		3.4 CITY-ST-ZIP	Houston, TX 77042	
TITLE	DV	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	DUANE R DUBOIS		4.2 NAME	Richard F. Murphy	
STREET ADDRESS	18650 W CORPORATE DR		4.3 STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	BROOKFIELD WI 26		4.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	DVT	☒ DELETE	5.1 TITLE	VTD	☐ Change ☒ Addition
NAME	MILLER, HOWARD C		5.2 NAME	Dwayne D. Hallman	
STREET ADDRESS	18650 W CORPORATE DR		5.3 STREET ADDRESS	10370 Richmond Avenue	
CITY-ST-ZIP	BROOKFIELD WI 44		5.4 CITY-ST-ZIP	Houston, TX 77042	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ Stephen L. Kibblehouse Sr. Vice President 1/20/99 609-895-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #