

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 802021

1. Entity Name

LMI INSURANCE COMPANY

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90017 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 LENOX DR  
LAWRENCEVILLE NJ 08648-426  
US

P O BOX 6426  
LAWRENCEVILLE NJ 08648-0426  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-0368340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☐ Delete

NAME GREEBERG, STEPHEN J  
STREET ADDRESS 1000 LENOX DR  
CITY-ST-ZIP LAWRENCEVILLE NJ 26

TITLE DV ☐ Delete

NAME KIBBLEHOUSE, STEPHEN L  
STREET ADDRESS 1000 LENOX DR  
CITY-ST-ZIP LAWRENCEVILLE NJ 26

TITLE DP ☒ Delete

NAME JAMES F MARINO  
STREET ADDRESS 1000 LENOX DR  
CITY-ST-ZIP LAWRENCEVILLE NJ 26

TITLE DV ☒ Delete

NAME DUANE R DUBOIS  
STREET ADDRESS 18650 W CORPORATE DR  
CITY-ST-ZIP BROOKFIELD WI 26

TITLE DVT ☒ Delete

NAME MILLER, HOWARD C  
STREET ADDRESS 18650 W CORPORATE DR  
CITY-ST-ZIP BROOKFIELD WI 44

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition

NAME Charles J. Bachand  
STREET ADDRESS 1000 Lenox Drive  
CITY-ST-ZIP Lawrenceville, NJ 08648

TITLE DV ☐ Change ☒ Addition

NAME David C. Donaldson  
STREET ADDRESS 1000 Lenox Drive  
CITY-ST-ZIP Lawrenceville, NJ 08648

TITLE DV ☐ Change ☒ Addition

NAME Dwayne D. Hallman  
STREET ADDRESS 10370 Richmond Ave.  
CITY-ST-ZIP Houston, TX 77042

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen L Kibblehouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

(609) 895-3009

CR2E034 (9/99)