## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 846964**

Entity Name: LM GENERAL INSURANCE COMPANY

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:				New Pr	New Principal Place of Business:			
1209 ORAN	NGE STREE ON, DE 198	Т			·			
Current Mailing Address:				New Ma	New Mailing Address:			
175 BERKE 10-B BOSTON, N	ELEY STREE MA 02116	ET US						
FEI Number:		FEI Number Ap	plied For ( )	FEI Number Not A	Applicable ( )	Certificate of St	tatus Desired ( )	
Name and	Address of	Current Registe	ered Agent:	Name a	ınd Address o	of New Registere	d Agent:	
P O BOX 6: 200 E. GAII TALLAHAS The above in the State	SEE, FL 32 named entity of Florida.	3990000 US	tement for the pu	rpose of changir	ng its registere	d office or register	red agent, or both,	
SIGNATUR		nia Cianatura af	Desistered Asse	1		Data		
Election Cam		onic Signature of ng Trust Fund Cont	-	ı		Date		
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCEO ( CONDRIN, J. 175 BERKELI BOSTON, MA	EY STREET		Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addit	tion	
Title: Name: Address: City-St-Zip:	VS ( LEGG, DEXT 175 BERKEL BOSTON, MA	EY STREET		Title: Name: Address: City-St-Zi	p:	() Change () Addit	tion	
Title: Name: Address: City-St-Zip:	VP ( DILLON, MAR 175 BERKEL BOSTON, MA	EY STREET		Title: Name: Address: City-St-Zi		LEY STREET	ition	
Title: Name: Address: City-St-Zip:	CFO ( LANGWELL, 175 BERKEL BOSTON, MA	DENNIS J EY STRET		Title: Name: Address: City-St-Zi	DILLON, MA 175 BERKE	(X) Change()Addi ARGARET :LEY STRET //A 02116 US	ition	
Title: Name: Address: City-St-Zip:	TREA ( YAHIA, LAUR. 175 BERKELI BOSTON, MA	EY STREET		Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addit	tion	
Title: Name: Address: City-St-Zip:	ASEC ( BAINTON, DIA 175 BERKEL BOSTON, MA	EY STREET		Title: Name: Address: City-St-Zi		LEY STREET	ition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE S. BAINTON AS 04/06/2006