

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25787

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LM INSURANCE CORPORATION

**Current Principal Place of Business:**

175 BERKELEY ST  
BOSTON, MA 02116 US

**New Principal Place of Business:**

**Current Mailing Address:**

GINA HUDSON  
175 BERKELEY ST. STE 10-B  
BOSTON, MA 02117140 US

**New Mailing Address:**

GINA HUDSON  
175 BERKELEY ST. STE 10-B  
BOSTON, MA 02116 US

FEI Number: 04-3058504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CFOD ( ) Delete  
Name: LANGWELL, DENNIS J  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: D ( ) Delete  
Name: CONDRIN, J. P III  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: VPS ( ) Delete  
Name: LEGG, DEXTER R  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: VPD ( ) Delete  
Name: MANSFIELD, CHRISTOPHER C  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: VPD ( ) Delete  
Name: FONTANES, A. A  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: CEOD ( ) Delete  
Name: KELLY, EDMUND F  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SWEENEY, TIMOTHY M  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KRISTIN K. CIOTTI

ASEC

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date