2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P25787

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 02116 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: CFOD
Name: LANGWELL, DENNIS J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: PD
Name: LONG, DAVID H
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: SECD
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPD
Name: MANSFIELD, CHRISTOPHER C
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPD
Name: FONTANES, A. A
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPD
Name: PEIRCE, CHRISTOPHER L
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116 US

I hereby 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 all other like empowered.

SIGNATURE: DEXTER R. LEGG SEC 04/27/2012

Electronic Signature of Signing Officer or Director — Date