

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 858369

(2)

95 FEB - 1 AM 10:39

1. Corporation Name
LIBERTY INSURANCE CORPORATION

Principal Place of Business
**1795 WILLISTON RD
SOUTH BURLINGTON VT 05403
US**

Mailing Address
**175 BERKELEY STREET
BOSTON MA 02116-5066**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1983** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
03-0316876

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CCEO**
NAME **COUNTRYMAN, GARY L**
STREET ADDRESS **175 BERKELEY ST.**
CITY-ST-ZIP **BOSTON MA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VATD**
NAME **FONTANES, A. ALEXANDER**
STREET ADDRESS **175 BERKELEY ST.**
CITY-ST-ZIP **BOSTON MA**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SV**
NAME **GILVAR, BARRY S**
STREET ADDRESS **175 BERKELEY ST**
CITY-ST-ZIP **BOSTON MA**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD**
NAME **MANSFIELD, CHRISTOPHER C**
STREET ADDRESS **175 BERKELEY STREET**
CITY-ST-ZIP **BOSTON MA**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PCOO**
NAME **KELLY, EDMUND F**
STREET ADDRESS **175 BERKELEY ST.**
CITY-ST-ZIP **BOSTON MA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD**
NAME **MALONEY, THERESE A.**
STREET ADDRESS **175 BERKELEY ST**
CITY-ST-ZIP **BOSTON, MA 00000**

6.1 TITLE Change Addition
6.2 NAME **SCOTT R. GOOBY**
6.3 STREET ADDRESS **175 BERKELEY STREET**
6.4 CITY-ST-ZIP **BOSTON, MA 02117**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registrar 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 in an addendum with an address.

SIGNATURE:

Barry S. Gilvar

Barry S. Gilvar

1/23/95

(617) 357-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.