

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 858369**  
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 02117-5066**

3. Date Incorporated or Qualified: **11/07/1983**  
3a. Date of Last Report

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 175 Berkeley Street**  
Suite, Apt. #, etc.: **27 M. Garlock 10-B**  
City & State: **28 Boston, Massachusetts**  
Zip: **29 02117** Country: **30 US**

4. FEI Number: **03-0316876** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Insurance Commissioner  
The Capitol  
Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gary L. Countryman</b>	12 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	14 CITY-STATE-ZIP	
TITLE	<b>VATD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>A. Alexander Fontanes</b>	22 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	23 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	24 CITY-STATE-ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barry S. Gilvar</b>	32 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	33 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	34 CITY-STATE-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christopher C. Mansfield</b>	42 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	43 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	44 CITY-STATE-ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edmund F. Kelly</b>	52 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	53 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	54 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott Goodby</b>	62 NAME	
STREET ADDRESS	<b>175 Berkeley Street</b>	63 STREET ADDRESS	
CITY-STATE-ZIP	<b>Boston, MA 02117</b>	64 CITY-STATE-ZIP	

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\*\*\*165.00

14. I, the undersigned, 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 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 receiver 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, on an attachment with an address.

SIGNATURE: *Barry S. Gilvar* **Barry S. Gilvar** **04/09/97** **617-357-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)