

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 858369

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC2459322565**

**Entity Name:** LIBERTY INSURANCE CORPORATION

**Current Principal Place of Business:**

2815 FORBS AVENUE  
SUIRE 200  
HOFFMAN ESTATES, MA 60192

**Current Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116 US

**FEI Number:** 03-0316876

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           YAHIA, LAURANCE H.S.  
Address        175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title           SECD  
Name           TOUHEY, MARK C  
Address        175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

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

Title           DIRECTOR  
Name           BHALLA, NEETI  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title           DIRECTOR  
Name           CONDRAIN , JAMES P III  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title           DIRECTOR  
Name           HYLKA, STEPHEN D  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title           DIRECTOR  
Name           GRAHAM, STACIE A  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

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

**Continues on page 2**

*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:** MARK C. TOUHEY

**SECRETARY**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KELLEHER, JAMES F.  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name SWEENEY, TIMOTHY M  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name MICHEL, DEBORAH L.  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name PEIRCE, CHRISTOPHER L.  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116