

1-16-98 B-0197 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858369 (2)

1. Corporation Name
LIBERTY INSURANCE CORPORATION



Principal Place of Business 1795 WILLISTON RD SOUTH BURLINGTON VT 05403 US	Mailing Address 175 BERKELEY STREET M. GARLOCK 10-B BOSTON MA 02117
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1983

2. Principal Place of Business 21 Correct	2a. Mailing Address 26 Correct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTRYMAN, GARY L	1.2 NAME	
STREET ADDRESS	175 BERLELEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	1.4 CITY-ST-ZIP	
TITLE	VATD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANES, A. ALEXANDER	2.2 NAME	Fontanes, A. Alexander
STREET ADDRESS	175 BERKELEY ST.	2.3 STREET ADDRESS	175 Berkeley Street
CITY-ST-ZIP	BOSTON MA 02117	2.4 CITY-ST-ZIP	Boston, Massachusetts 02117
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILVAR, BARRY S	3.2 NAME	
STREET ADDRESS	175 BERKELEY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, CHRISTOPHER C	4.2 NAME	
STREET ADDRESS	175 BERKELEY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	4.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, EDMUND F	5.2 NAME	
STREET ADDRESS	175 BERKELEY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBY, SCOTT	6.2 NAME	
STREET ADDRESS	175 BERKELEY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	6.4 CITY-ST-ZIP	

14. I hereby 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, or in an attachment with an address.

SIGNATURE: Barry S. Gilvar **UNRED** Barry S. Gilvar 01/06/98 617-357-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000255

CR2E094 (10/97)