


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90117 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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 M. GARLOCK 10-B BOSTON MA 02117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1983</b>	
21	26	4. FEI Number <b>03-0316876</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip Country		29 Zip Country		30	
25		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 \_\_\_\_\_ 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	Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTRYMAN, GARY L	1.2 NAME	Countryman, Gary L.
STREET ADDRESS	175 BERLELEY ST.	1.3 STREET ADDRESS	175 Berkeley Street
CITY-ST-ZIP	BOSTON MA 02117	1.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANES, A. ALEXANDER	2.2 NAME	
STREET ADDRESS	175 BERKELEY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	2.4 CITY-ST-ZIP	
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	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, EDMUND F	5.2 NAME	Kelly, Edmund F.
STREET ADDRESS	175 BERKELEY ST.	5.3 STREET ADDRESS	175 Berkeley Street
CITY-ST-ZIP	BOSTON MA 02117	5.4 CITY-ST-ZIP	Boston, MA 02117
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edmund F. Kelly* **REQUIRED** 4-8-99 617-357-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)