

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 858369

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: LIBERTY INSURANCE CORPORATION

## Current Principal Place of Business:

1795 WILLISTON RD  
SOUTH BURLINGTON, VT 05403 US

## New Principal Place of Business:

900 NATIONAL PARKWAY  
SCHAUMBURG, IL 60173 US

## Current Mailing Address:

175 BERKELEY STREET  
M. GARLOCK 10-B  
BOSTON, MA 02117

## New Mailing Address:

FEI Number: 03-0316876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: CONDRIN, PAUL J  
Address: 175 BERLELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: VD ( ) Delete  
Name: FONTANES, A. ALEXANDER  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: SV ( ) Delete  
Name: LEGG, DEXTER R  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02117

Title: VD ( ) Delete  
Name: MANSFIELD, CHRISTOPH, ER C  
Address: 175 BERKELEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: PC ( ) Delete  
Name: KELLY, EDMUND F  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: V ( ) Delete  
Name: GOODBY, SCOTT  
Address: 175 BERKELEY STREET  
City-St-Zip: BOSTON, MA 02117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition  
Name: LANGWELL, DENNIS J  
Address: 175 BERLELEY ST.  
City-St-Zip: BOSTON, MA 02117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEXTER R. LEGG

VS

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date