

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

FILED

Mar 26 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 # 820368 (9)  
1. Corporation Name  
LIBERTY LIFE ASSURANCE COMPANY OF BOSTON



Principal Place of Business: 175 BERKELEY STREET BOSTON MASSACHUSETTS 02117-0140 US  
Mailing Address: MARY GARLOCK 175 BERKELEY ST. MAILSTOP 108 BOSTON MA 02118-5066

3. Date Incorporated or Qualified: 04/21/1967  
3a. Date of Last Report: 10/24/1996

2. Principal Place of Business: 21 Sub: Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Mary Garlock Suite: Apt. #, etc. 27 175 Berkeley St., 10-B City & State: 28 Boston, Massachusetts Zip: 29 02117-0140 Country: 30 US  
4. FEI Number: 04-6076039 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

10. Name and Address of New Registered Agent

TREASURER OF THE STATE OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL

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, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or person filing statement (agent and 99c applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KELLY, EDMUND F		1.2 NAME:	
STREET ADDRESS: 175 BERKELEY STREET		1.3 STREET ADDRESS:	
CITY-STATE-ZIP: BOSTON MA		1.4 CITY-STATE-ZIP:	
TITLE: ECD	<input type="checkbox"/> DELETE	2.1 TITLE: ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SULLIVAN, MARYANN P		2.2 NAME: Sullivan, Maryann P.	
STREET ADDRESS: 175 BERKELEY STREET		2.3 STREET ADDRESS: 175 Berkeley Street	
CITY-STATE-ZIP: BOSTON MA		2.4 CITY-STATE-ZIP: Boston, Massachusetts 02117	
TITLE: CCD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COUNTRYMAN, GARY L.		3.2 NAME:	
STREET ADDRESS: 175 BERKELEY STREET		3.3 STREET ADDRESS:	
CITY-STATE-ZIP: BOSTON MA		3.4 CITY-STATE-ZIP:	
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRUHL, ROBERT H.		4.2 NAME:	
STREET ADDRESS: 175 BERKELEY STREET		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: BOSTON MA		4.4 CITY-STATE-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILVAR, BARRY S		5.2 NAME:	
STREET ADDRESS: 175 BERKELEY STREET		5.3 STREET ADDRESS:	
CITY-STATE-ZIP: BOSTON MA		5.4 CITY-STATE-ZIP:	
TITLE: ECD	<input type="checkbox"/> DELETE	6.1 TITLE: ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPITZER, MORTON E		6.2 NAME: Spitzer, Morton E.	
STREET ADDRESS: 179 COMMONWEALTH AVENUE, UNIT 3		6.3 STREET ADDRESS: 175 Berkeley Street	
CITY-STATE-ZIP: BOSTON MA		6.4 CITY-STATE-ZIP: Boston, Massachusetts 02117	

14. I do 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, 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 attached sheet with an address.

SIGNATURE:

*Barry Gilvar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/97

617-357-9500

Date

Daytime Phone

CR2E034 (9/96)