

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
--	---	---

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. STE 10-B BOSTON MA 02117-140 US
---	---

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
04/21/1967

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

4. FEI Number 04-6076039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TREASURER OF THE STATE OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL**

10. Name and Address of New Registered Agent
 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. 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	PD KELLY, EDMUND F 175 BERKELEY STREET BOSTON MA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ED SULLIVAN, MARYANN P 175 BERKELEY STREET BOSTON MA	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ED Scarrow, Jean M.
STREET ADDRESS		2.3 STREET ADDRESS	175 Berkeley Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boston, Massachusetts 02117
TITLE	CCD COUNTRYMAN, GARY L. 175 BERKELEY STREET BOSTON MA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD GRUHL, ROBERT H. 175 BERKELEY STREET BOSTON MA	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T Williams, Elliot J.
STREET ADDRESS		4.3 STREET ADDRESS	175 Berkeley Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boston, Massachusetts 02117
TITLE	S GILVAR, BARRY S 175 BERKELEY STREET BOSTON MA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED SPITZER, MORTON E 175 BERKELEY ST BOSTON MA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Barry S. Gilvar **Barry S. Gilvar** 01/06/97 (617) 357-9500
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000281

CR2E034 (10/97)