

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90049 033 ***150.00

0000191

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 820368

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
04/21/1967

4. FEI Number
04-6076039

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 the current year Intangible Personal Property Tax. Yes 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLY, EDMUND F	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SCARROW, JEAN M	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	CCD	<input type="checkbox"/> DELETE
NAME	COUNTRYMAN, GARY L.	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ELLIOT J	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILVAR, BARRY S	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	SPITZER, MORTON E	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Countryman, Gary L.
3.3 STREET ADDRESS	175 Berkeley Street
3.4 CITY-ST-ZIP	Boston, MA 02117
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **4-13-99** DAYTIME PHONE #: **617-357-9500**

CR2E034 (1/198)