**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # 820368** 1. Entity Name LIBERTY LIFE ASSURANCE COMPANY OF BOSTON 01-22-2001 90017 007 \*\*\*150.00 Principal Place of Business Mailing Address MARY GARLOCK 175 BERKELEY STREET BOSTON MASSACHUSETTS 02117-0140 175 BERKELEY ST. STE 10-B BOSTON MA 02117-140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-6076039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TREASURER OF THE STATE OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL Zip Code City FI 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE PD ☐ Delete TITLE ☐ Change Addition NAME NAMÉ KELLY, EDMUND F STREET ADDRESS STREET ADDRESS 175 BERKELEY STREET CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Delete TITLE Change Addition TITLE ED NAME SCARROW, JEAN M. NAME STREET ADDRESS STREET ADDRESS 175 BERKELEY STREET CITY-ST-ZIP CITY-ST-7IP BOSTON MA 02117 X Delete Change Addition CCD TITLE Condrin, J. Paul NAME COUNTRYMAN, GARY L. NAME 175 Berkeley St. STREET ADDRESS STREET ADDRESS 175 BERKELEY STREET Boston, MA 02117-0140 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WILLIAMS, ELLIOT J NAME STREET ADDRESS STREET ADDRESS 175 BERKELEY STREET CITY-ST-7IP BOSTON MA 02117 CITY-ST-ZIP X Delete X Addition ☐ Channe TITLE TITLE Legg, Dexter R. GILVAR, BARRY S 175 Berkeley St. STREET ADDRESS 175 BERKELEY STREET STREET ADDRESS Boston, MA 02117-0140 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** TITLE ED Delete TITLE ☐ Change noitibhA 🔲 NAME NAME SPITZER, MORTON E STREET ADDRESS STREET ADDRESS 175 BERKELEY ST CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR

Dexter R. Legg 1/8/01

617-357-9500

Daytime Phone #