2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # 820368 **Secretary of State** 1. Entity Name LIBERTY LIFE ASSURANCE COMPANY OF BOSTON 03-14-2002 90003 004 ***150 00 Principal Place of Business Mailing Address 175 BERKELEY STREET MARY GARLOCK BOSTON MASSACHUSETTS 02117-0140 175 BERKELEY ST. STE 10-B HS BOSTON MA 02117-140 U\$ 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 Country \$8.75 -Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TREASURER OF THE STATE OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME KELLY, EDMUND F NAME, STREET ADDRESS 175 BERKELEY STREET STREET ADDRESS CITY-ST-ZIP **BOSTON MA** CITY-ST-7/P TITLE ED ☐ Defete TITLE ☐ Change ☐ Addition NAME SCARROW, JEAN M NAME STREET ADDRESS 175 BERKELEY STREET STREET ADDRESS CITY-ST-ZIP BOSTON MA.02117. --- -CITY-ST-ZIP · ☐ Delete TITLE ☐ Addition Change NAME CONDRIN, PAUL J NAME STREET ADDRESS 175 BERKLEY ST STREET ADDRESS CITY-ST-ZIP BOSTON MA 02117-0140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WILLIAMS, ELLIOT J NAME STREET ADDRESS 175 BERKELEY STREET STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-ZIP Chânge 11.2 TITLE ☐ Delete TITLE arregalació (Rigo NAME LEGG; DEXTER NAME STREET ADDRESS 175 BERKELEY STREET STREET ADDRESS 年記録 CITY-ST-ZIP -1.300 CITY-ST-ZIP. BOSTON MA 02117-0140 Delete, . ED ☐ Change **X** Addition SPITZER, MORTON E ... NAME* NAME Tymochko, John A. STREET ADDRESS 175 BERKELEY ST STREET ADDRESS 175 Berkeley Street CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** Boston, MA 02117.

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.

Dexter R. Legg

SIGNATURE:

02-26-02

Date

617-357-9500

Daytime Phone #

CR2E034 (9/01)