

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846967

FILED
Apr 26, 2012
Secretary of State

Entity Name: LIBERTY INSURANCE UNDERWRITERS INC.

Current Principal Place of Business:

175 BERKELEY ST.
BOSTON, MA 02117 US

New Principal Place of Business:

175 BERKELEY ST.
BOSTON, MA 02116 US

Current Mailing Address:

175 BERKELEY STREET
10-B
BOSTON, MA 02116 US

New Mailing Address:

FEI Number: 22-2227331 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: PERROTTA, GEORGE J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: CEOD
Name: FORSYTHE, DANIEL T
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: SEC
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: PD
Name: COHEN, DAVID A
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPT
Name: YAHIA, LAURANCE H
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEXTER R. LEGG

SEC

04/26/2012

Electronic Signature of Signing Officer or Director

Date