

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROEJT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004260 (4)

1. Corporation Name

LIBERTY MUTUAL MANAGED CARE, INC.



Principal Place of Business

Mailing Address

175 BERKEY ST
BOSTON MA 02117

175 BERKEY ST
BOSTON MA 02117

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 175 Berkeley Street

26 175 Berkeley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Boston MA

27 City & State
Boston MA

24 Zip
02117

25 Country
USA

29 Zip
02117

30 Country
USA

4. FEI Number

04-3217691

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, THOMAS C	
STREET ADDRESS	175 BERKEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, THOMAS C	
STREET ADDRESS	175 BERKEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NICKERSON, MATTHEW D	
STREET ADDRESS	175 BERKEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GILVAR, BARRY S	
STREET ADDRESS	175 BERKEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOWNEY, RICHARD	
STREET ADDRESS	225 BROTHWICK AVE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HATHERLEY, JAMES	
STREET ADDRESS	175 BERKEY ST	
CITY-ST-ZIP	BOSTON MA 02117	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John H. Potter	
1.3 STREET ADDRESS	175 Berkeley Street	
1.4 CITY-ST-ZIP	Boston MA 02117	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary L. Countryman	
2.3 STREET ADDRESS	175 Berkeley Street	
2.4 CITY-ST-ZIP	Boston MA 02117	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Antonio C. Ferronato	
3.3 STREET ADDRESS	175 Berkeley Street	
3.4 CITY-ST-ZIP	Boston MA 02117	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert H. Gruhl	
4.3 STREET ADDRESS	175 Berkeley Street	
4.4 CITY-ST-ZIP	Boston MA 02117	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mortham S. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 1996

Date

617-357-9500

Daytime Phone #

CR2E034 (12/95)