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PROFIT CORPORATION ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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 Las	t Report	
Principal Place of Business 2a. Mailing Address									4. FEI Number	<u> </u>	—т	14	
21 175 Berkeley Street				26 175 Berkeley Street					04-3217691		-	Applied For	
Sute, Apl. #, etc.				Suite, Apt. #, etc.							60	Not Applicable	
22				27					5. Certificate of Status Desired			75 Additional se Required	
City & State 23 Boston MA				City & State Boston MA					Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees	
Zip						Country	,		8. This corporation has liability for it	ntanaihla tav			
24 02117	Ì	25 USA	29	02117	30	បន់			Florida Statutes Yes		ui loci	15 199.002,	
g. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
							81 Name						
C T CORPORATION SYSTEM						82	Stree	Addres	ss (P.O. Box Number is Not Acceptabl	le)			
, 1200 SOUTH PINE ISLAND ROAD								- Hadaroc	33 (.o. Dox Harrison to Hot Mocopiaci				
PLANTATION FL 33324						83	ĺ						
						84	City			FI	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 problem name of registered agent and this it applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE													
12.	rginacijo typeo o				(NOTE: Reg	istered Ager	it signature	required w	when reinstaling)	DATE		7000 11 10	
111LF	T					1. 1 TITLE				Chang			
NAME		Y, THOMAS C		<u> </u>	ı	1.2 NAME			ohn H. Potter	اسا	Chang	Je (20 Addition	
SIREEL ADDRESS 175 BERKEY ST													
CITY-S1-ZIP BOSTON MA 02117					ı	1.3 STREET			5 Berkeley Street				
TILLE	CEO	711 IN/Y OZ 1 17		₹ DELETE		1.4 City - S 2 1 Title	II-ZIP		oston MA 02117		Chanc		
NAME	RAMSEY, THOMAS C			Klotten	1			D		لــا	Chang	pe 反 Addition	
SIREEF ADDRESS	175 BERKEY ST					2 2 NAME			ry L. Countryman				
CITY-S1-ZIP	BOSTON MA 02117						ADDRESS	17.	175 Berkeley Street				
TITLE	VT VT					24 CITY - S 3 1 TITLE	i - ZiP		ston MA 02117	Change Addition			
NAME	NICKERSON, MATTHEW D				1	I D				L	Chang	ge 🙀 Addition	
STREET ADDRESS		RKEY ST	•						tonio C. Ferronato				
CITY+S1 ZP		N MA 02117			3.3 STREET			5 Berkeley Street					
11'LF	VS	THE THE PERSON		DELETE		3.4 CITY - S 4. 1 TITLE	1 - ZIP	1	ston MA .02117		Chang	na Andriesaa	
NAME		R, BARRY S			i	4.2 NAME		D	ant II Coult	Ц	CHAH!	je 🔃 Addition	
STREET ADDRESS		RKEY ST				4.3 STREET	ADDRESS		ert H. Gruhl				
DITY-ST-ZIP		N MA 02117				44 CITY-S		14,00	Berkeley Street				
7 TUF	V			X) DELETE		5 1 THLE	1-58	nos	ton MA 02117		Chang	e Addition	
NAME	DOWN	EY, RICHARD				5.2 NAME					U. A. 19	- Landidon	
STREET ADDRESS		OTHWICK AVE				53 STREET	ADDRESS					ļ	
CiTY-ST-ZiP	PORTS	MOUTH NH 03801				5.4 CITY-S						j	
TILE	٧	- <u></u>	···	▼) DELETE		6 1 TITLE		1			Chang	e Addition	
NAME:	HATHE	RLEY, JAMES		 -	1	62 NAME					•		
STREET ADDRESS		RKEY ST				6 3 STREET	ADDRESS						
CITY-ST-ZIF	BOSTO	N MA 02117				64 City-S							
		the information supplie	d with this	filina je valuntarik				alifu for	the exemption stated in Postice 110 f	N7/00/04 Free!	- 0-		

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: Marthe J. No.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

February 7, 1996

617-357-9500