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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 BERKELEY ST BOSTON MA 02117 US	175 BERKELEY ST BOSTON MA 02128-1818 US

3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report 03/04/1996
4. FEI Number 04-3217691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POTTER, JOHN H.	
STREET ADDRESS	175 BERKLEY ST	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUNTRYMAN, GARY L.	
STREET ADDRESS	175 BERKELEY ST	
CITY - ST - ZIP	BOSTON MA	
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	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRONATO, ANTONIO C.	
STREET ADDRESS	175 BERKELEY ST	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUHL, ROBERT H.	
STREET ADDRESS	175 BERKELEY ST	
CITY - ST - ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John H. Potter* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (617) 357-9500
Date Daytime Phone # 0000481

CR2E034 (9/96)