

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **175 BERKELEY ST BOSTON MA 02117 US**
 Mailing Address: **175 BERKEY ST BOSTON MA 02117 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **175 Berkeley St.**
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip Country
 30

3. Date Incorporated or Qualified
09/01/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	GRUHL, ROBERT H.	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	175 Berkeley St.
1.4 CITY-ST-ZIP	Boston, MA 02117
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Boston, MA 02117
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	175 Berkeley St.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/S/C
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Gregg, Gary R.
5.3 STREET ADDRESS	175 Berkeley St.
5.4 CITY-ST-ZIP	Boston, MA 02117
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Gourley, William
6.3 STREET ADDRESS	175 Berkeley St.
6.4 CITY-ST-ZIP	Boston, MA 02117

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____ DATE _____

CR2E034 (10/97)