

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

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FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90047 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004260
 1. Corporation Name
LIBERTY MUTUAL MANAGED CARE, INC.



Principal Place of Business 175 BERKELEY ST BOSTON MA 02117 US	Mailing Address 175 BERKELEY ST BOSTON MA 02117 US
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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 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 09/01/1995	4. FEI Number 04-3217691	Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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 _____ (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 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUNTRYMAN, GARY L.	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NICKERSON, MATTHEW D	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VSC	<input type="checkbox"/> DELETE
NAME	GILVAR, BARRY S	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREGG, GARY R	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOURLEY, WILLIAM	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	

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 checked="" type="checkbox"/> Addition
3.2 NAME	VT
3.3 STREET ADDRESS	Bradley G. Watts
3.4 CITY-ST-ZIP	175 Berkeley St. Boston, MA 02117
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 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, with all other like empowered.

SIGNATURE: Bradley G. Watts **BRADLEY G. Watts** 4.22.99 617.357.9500 x45732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)