

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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 <b>09/01/1995</b>	4. FEI Number <b>04-3217691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, JOHN H.	1.2 NAME	
STREET ADDRESS	175 BERKELEY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTRYMAN, GARY L.	2.2 NAME	
STREET ADDRESS	175 BERKELEY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	2.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICKERSON, MATTHEW D	3.2 NAME	Bradley G. Watts
STREET ADDRESS	175 BERKELEY ST	3.3 STREET ADDRESS	175 Berkeley St.
CITY-ST-ZIP	BOSTON MA 02117	3.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	VSC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILVAR, BARRY S	4.2 NAME	
STREET ADDRESS	175 BERKELEY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, GARY R	5.2 NAME	
STREET ADDRESS	175 BERKELEY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURLEY, WILLIAM	6.2 NAME	
STREET ADDRESS	175 BERKELEY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02117	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)