

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90578 021 ***150.00

DOCUMENT # F95000004260

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **04-3217691** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO KELLY, EDMUND 175 BERKELLEY ST BOSTON MA 02117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence B. Dorman President 175 Berkeley St. Boston, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILVAR, BARRY S 175 BERKELEY ST BOSTON MA 02117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary James R. Pugh 175 Berkeley St. Boston, MA 02117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB GREGG, GARY R 175 BERKELEY ST BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DAVIS, DWIGHT E 175 BERKEY ST BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORMAN, LAWRENCE B 175 BERKELEY ST BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTROW, GARY J 175 BERKELEY ST BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Lawrence B. Dorman **2-2-2001 (617)357-9500 x45640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
DIFF95000004260
A0021580

LIBERTY MUTUAL MANAGED CARE, INC.
Action by Unanimous Consent of Directors Without a Meeting
March 17, 2000

Pursuant to Massachusetts General Laws Chapter 156B, Section 59 and the By-Laws of the Company, the undersigned, being all of the Directors of Liberty Mutual Managed Care, Inc., hereby consent to the following action and adopt the following votes as of the date first above written:

VOTED that the following persons be elected as officers, each to hold office, unless removed, until the first meeting of the board of directors following the next annual meeting of the stockholders or until his or her successor is elected and qualified:

- | | |
|---|--------------------|
| Chairman of the Board and Chief Executive Officer | Gary R. Gregg |
| Vice Chairman | Dwight E. Davis |
| President | Lawrence B. Dorman |
| Vice President, Secretary and Clerk | Barry S. Gilvar |
| Vice President | Gary J. Ostrow |
| Assistant Treasurer | Elliot J. Williams |
| Assistant Secretary | Diane S. Bainton |
| Assistant Secretary | James R. Pugh |

This writing shall be filed with the records of the meetings of the Directors of the Company and shall for all purposes be treated as votes taken at a meeting.

Signed by the following Directors:

- | | |
|--------------------------|-------|
| J. Paul Condrin, III | _____ |
| Dwight E. Davis | _____ |
| Lawrence B. Dorman | _____ |
| Gary R. Gregg | _____ |
| Christopher C. Mansfield | _____ |