

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90121 009 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	DORMAN, LAWRENCE B	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PUGH, JAMES R	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	CB	<input type="checkbox"/> Delete
NAME	GREGG, GARY R	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VP-VP, Secretary	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DWIGHT E	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DORMAN, LAWRENCE B	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OSTROW, GARY J	
STREET ADDRESS	175 BERKELEY ST	
CITY-ST-ZIP	BOSTON MA 02117	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul A. Rodliff	
STREET ADDRESS	175 Berkeley St.	
CITY-ST-ZIP	Boston, MA 02117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, Secretary and Clerk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dexter R. Legg	
STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul A. Rodliff	
STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	Boston, MA 02117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul A. Rodliff 1/16/02 (617) 357-9500 x 45640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE034 (9/01)