


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F9500004260
 1. Entity Name
LIBERTY MUTUAL MANAGED CARE, INC.



Principal Place of Business Mailing Address
175 BERKELEY ST **175 BERKELEY ST**
BOSTON, MA 02117 US **BOSTON, MA 02117 US**

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
04-3217691 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODLIFF, PAUL A 175 BERKELEY ST BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUGH, JAMES R 175 BERKELEY ST BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB GREGG, GARY R 175 BERKELEY ST BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGG, DEXTER 175 BERKEY ST BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTROW, GARY J 175 BERKELEY ST BOSTON, MA 02117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/04-80055-011 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Paul A. Rodliff, President** 03-01-2004 617 357-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ext#5640