


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F95000004260**  
 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	P
NAME	RODLIFF, PAUL A
STREET ADDRESS	175 BERKELEY ST
CITY-ST-ZIP	BOSTON, MA 02117
TITLE	AS
NAME	PUGH, JAMES R
STREET ADDRESS	175 BERKELEY ST
CITY-ST-ZIP	BOSTON, MA 02117
TITLE	CB
NAME	GREGG, GARY R
STREET ADDRESS	175 BERKELEY ST
CITY-ST-ZIP	BOSTON, MA 02117
TITLE	V
NAME	LEGG, DEXTER
STREET ADDRESS	175 BERKEY ST
CITY-ST-ZIP	BOSTON, MA 02117
TITLE	VP
NAME	OSTROW, GARY J
STREET ADDRESS	175 BERKELEY ST
CITY-ST-ZIP	BOSTON, MA 02117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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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