

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25786

FILED
Apr 26, 2011
Secretary of State

Entity Name: THE FIRST LIBERTY INSURANCE CORPORATION

Current Principal Place of Business:

175 BERKELEY ST.
BOSTON, MA 02117 US

New Principal Place of Business:

2815 FORBS AVENUE
SUITE 200
HOFFMAN ESTATES, IL 60192 US

Current Mailing Address:

GINA HUDSON
175 BERKELEY ST. STE 10-B
BOSTON, MA 02117140 US

New Mailing Address:

FEI Number: 04-3058503 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFOD
Name: LANGWELL, DENNIS J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: PD
Name: LONG, DAVID H
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPS
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: VPD
Name: MANSFIELD, CRISTOPHER C
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116 US

Title: COBD
Name: KELLY, EDMUND F
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI

ASEC

04/26/2011

Electronic Signature of Signing Officer or Director

Date