

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 820368

**Entity Name:** LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

**Current Principal Place of Business:**

175 BERKELEY STREET  
BOSTON MASSACHUSETTS, MA 02116

**Current Mailing Address:**

GINA HUDSON  
175 BERKELEY ST. STE 10-B  
BOSTON, MA 02116 US

**FEI Number:** 04-6076039

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title D, P  
Name CONDRIN , JAMES P  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title D  
Name BESSETTE, KRISTEN M  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title T  
Name YAHIA, LAURANCE H  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title SEC, DIRECTOR  
Name TOUHEY, MARK C  
Address 175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name BLAUVELT, ROBERT D  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name DOYLE, JOHN D  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name ERBIG, ALISON B.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name CONDRIN III, JAMES P  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*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:** MARK C TOUHEY

**SECRETARY**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MORAHAN, ELIZABETH J  
Address GINA HUDSON  
175 BERKELEY ST. STE 10-B  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name SCHECHTER, REBECCA L.  
Address GINA HUDSON  
175 BERKELEY ST. STE 10-B  
City-State-Zip: BOSTON MA 02116