

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90313 023 ***150.00

0411443

DOCUMENT # 802320

1. Entity Name

LIBERTY INSURANCE UNDERWRITERS INC.

Principal Place of Business

Mailing Address

**61 BROADWAY, 25TH FLOOR
NEW YORK NY 10006
US****61 BROADWAY, 25TH FLOOR
NEW YORK NY 10006
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4916020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32304**

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. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	COO			
	ABDALLAH, MICHAEL	61 BROADWAY, 25TH FLOOR	NEW YORK NY 10006	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	S			<input checked="" type="checkbox"/> Delete
NAME	GILVAR, BARRY S			
STREET ADDRESS	175 BERKELEY STREET			
CITY-ST-ZIP	BOSTON MA 02117			

TITLE	Secretary			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dexter R. Legg				
STREET ADDRESS	175 Berkeley St				
CITY-ST-ZIP	Boston, MA 02117				

TITLE	T			<input type="checkbox"/> Delete
NAME	WILLIAMS, ELLIOT J			
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					

TITLE	CFO			<input type="checkbox"/> Delete
NAME	FORSYTHE, DANIEL T.N.			
STREET ADDRESS	175 BERKELEY STREET			
CITY-ST-ZIP	BOSTON MA 02117			

TITLE	EVP			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE	EVP			<input type="checkbox"/> Delete
NAME	MORENCY, JOSEPH			
STREET ADDRESS	61 BROADWAY, 25TH FLOOR			
CITY-ST-ZIP	NEW YORK NY 10006			

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE	VP			<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, COURTNEY			
STREET ADDRESS	61 BROADWAY, 25TH FLOOR			
CITY-ST-ZIP	NEW YORK NY 10006			

TITLE	VP			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Michael J. Pilla				
STREET ADDRESS	61 Broadway 25th fl				
CITY-ST-ZIP	New York, NY 10006				

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**Joseph C. Morency****4-10-01****212 208-4115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)