

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90254 013 \*\*\*150.00

**DOCUMENT # 802320**

1. Entity Name  
**LIBERTY INSURANCE UNDERWRITERS INC.**



Principal Place of Business  
**55 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10041 US**

Mailing Address  
**55 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10041 US**

**20044838**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-P

CR2E034 (10/03)

4. FEI Number

**13-4916020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

## 7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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** ☐ Delete  
NAME **CONCA, NICHOLAS J**  
STREET ADDRESS **55 WATER STREET**  
CITY-ST-ZIP **NEW YORK, NY 10041**

TITLE **S** ☐ Delete  
NAME **LEGG, DEXTER R**  
STREET ADDRESS **175 BERKELEY STREET**  
CITY-ST-ZIP **BOSTON, MA 02117**

TITLE **T** ☐ Delete  
NAME **SOYER YAHIA, LAURENCE HENRY**  
STREET ADDRESS **175 BERKELEY ST.**  
CITY-ST-ZIP **BOSTON, MA 02117**

TITLE **EVP** ☐ Delete  
NAME **ABDALLAH, MICHAEL JOSEPH**  
STREET ADDRESS **55 WATER ST.**  
CITY-ST-ZIP **NEW YORK, NY 10041**

TITLE **EVP** ☐ Delete  
NAME **FONTANES, ALEXANDER F**  
STREET ADDRESS **55 WATER STREET**  
CITY-ST-ZIP **NEW YORK, NY 10041**

TITLE **SVP** ☐ Delete  
NAME **PERROTTA, GEORGE J**  
STREET ADDRESS **55 WATER ST.**  
CITY-ST-ZIP **NEW YORK, NY 10041**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **NICHOLAS CREATURA**  
STREET ADDRESS **55 WATER STREET**  
CITY-ST-ZIP **NEW YORK, NY 10041**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, 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:

*George J. Perrotta* George J. Perrotta - SVP & CFO

4/13/2005

(212) 208-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #