2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 802320

Entity Name: LIBERTY INSURANCE UNDERWRITERS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-4916020 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CREATURA, NICHOLAS	
Address:	55 WATER STREET	
City-St-Zip:	NEW YORK, NY 10041 US	
Title:	S	( ) Delete
Name:	LEGG, DEXTER R	
Address:	175 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02117	
Title:	T	( ) Delete
Name:	SOYER YAHIA, LAURENCE HENRY	
Address:	175 BERKELEY ST.	
City-St-Zip:	BOSTON, MA 02117 US	
Title:	EVP	( ) Delete
Name:	ABDALLAH, MICHAEL JOSEPH	
Address:	55 WATER ST.	
City-St-Zip:	NEW YORK, NY 10041 US	
Title:	EVP	( ) Delete
Name:	FONTANES, ALEXANDER F	
Address:	55 WATER STREET	
City-St-Zip:	NEW YORK, NY 10041 US	
Title:	SVP	( ) Delete
Name:	PERROTTA, GEORGE J	
Address:	55 WATER ST.	
City-St-Zip:	NEW YORK, NY 10041 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEXTER R. LEGG S 04/19/2006

Electronic Signature of Signing Officer or Director — Date