

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802320

FILED
Apr 28, 2010
Secretary of State

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: PD
Name: COHEN, DAVID A
Address: 55 WATER ST.
City-St-Zip: NEW YORK, NY 10041 US

Title: S
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: T
Name: YAHIA, LAURANCE H
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117 US

Title: VP
Name: OSTROW, GARY J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117 US

Title: D
Name: MANSFIELD, CHRISTOPHER C
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117 US

Title: D
Name: CARROLL, ANTHONY S
Address: 55 WATER ST.
City-St-Zip: NEW YORK, NY 10041 US

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: DEXTER R. LEGG

S

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date