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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

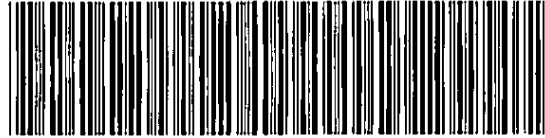
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JUN 18 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 256533 6408A

AUTHORIZATION : 
COST LIMIT : \$70.00

ORDER DATE : June 14, 2018

ORDER TIME : 1:21 PM

ORDER NO. : 256533-005

CUSTOMER NO: 6408A

FOREIGN FILINGS

NAME: LIBERTY MUTUAL PERSONAL
INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Mutual Personal Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Liberty Mutual Personal Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Massachusetts 3. 04-1023460
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/09/1920 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 175 Berkeley Street, Boston, MA 02116
(Principal office address)
- 175 Berkeley Street, Boston, MA 02116
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: Emily Croft Emily Croft
(Registered agent's signature) Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached Listing

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See Attached Listing

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

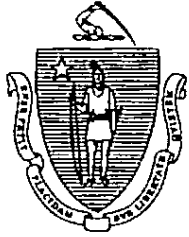
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Colleen K. Lynch, Assistant Secretary

(Typed or printed name and capacity of person signing application)

Name	Title	Address
Touhey, Mark Charles	Chairman of the Board	175 Berkeley Street, Boston, MA 02116
Erbig, Alison Brooke	Director	175 Berkeley Street, Boston, MA 02116
Fallon, Michael Joseph	Director	175 Berkeley Street, Boston, MA 02116
Haase, Julie Marie	Director	175 Berkeley Street, Boston, MA 02116
Kelly, Shaun Everett	Director	175 Berkeley Street, Boston, MA 02116
MacPhee, James Michael	Director	175 Berkeley Street, Boston, MA 02116
McSweeney, Sean Bulman	Director	175 Berkeley Street, Boston, MA 02116
Morahan, Elizabeth Julia	Director	175 Berkeley Street, Boston, MA 02116
Robinson, Francis William, Jr.	Director	175 Berkeley Street, Boston, MA 02116
Touhey, Mark Charles	Director	175 Berkeley Street, Boston, MA 02116
MacPhee, James Michael	President	175 Berkeley Street, Boston, MA 02116
Touhey, Mark Charles	Secretary	175 Berkeley Street, Boston, MA 02116
Yahia, Laurance Henry Soyer	Treasurer	175 Berkeley Street, Boston, MA 02116
Kelley, Kristin Lynn	Assistant Secretary	175 Berkeley Street, Boston, MA 02116
Lynch, Colleen K.	Assistant Secretary	175 Berkeley Street, Boston, MA 02116



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

June 14, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that

MASSACHUSETTS EMPLOYEES INSURANCE ASSOCIATION

appears by the records of this office to have been incorporated under the laws of this Commonwealth on January 1, 1912 (Chapter 751 of the Acts of 1911).

I also certify that by Articles of Amendment filed here August 15, 1917, the name of said corporation was changed to

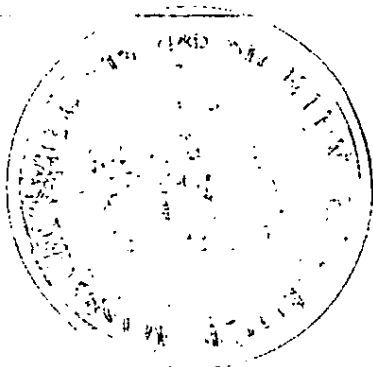
LIBERTY MUTUAL INSURANCE COMPANY

I further certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.



William Francis Galvin

Secretary of the Commonwealth