

F20000000158a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

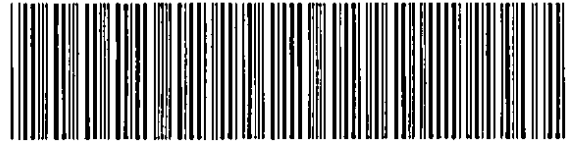
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W200000025705

Office Use Only



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2020 MAR -9 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR -9

AM 10:52

45

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

\*\*\*RESUBMIT\*\*\*

ACCOUNT NO. : I20000000195  
REFERENCE : 205492 6408A  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 87.50

ORDER DATE : March 6, 2020  
ORDER TIME : 10:03 AM  
ORDER NO. : 205492-010  
CUSTOMER NO: 6408A

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: LIBERTY MUTUAL PERSONAL  
INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO) \*\*\*FILE SECOND\*\*\*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2020

CSC

**RESUBMIT**

Please give original  
submission date as file date

SUBJECT: LIBERTY MUTUAL PERSONAL INSURANCE COMPANY  
Ref. Number: W20000025705

We have received your document for LIBERTY MUTUAL PERSONAL INSURANCE COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

WITHDRAWAL HAS NOT BEEN FILED YET,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 420A00005264

RECEIVED  
2020 MAR 27 PM 1:58  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Take Care Health Services, P.A.

**DOCUMENT NUMBER:** P06000130684

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy L. Evard

(Name of Contact Person)

Barnes & Thornburg LLP

(Firm/Company)

100 N. Michigan Street, Suite 700

(Address)

South Bend, Indiana 46601

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy L. Evard

at

574-296-2526

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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TALLAHASSEE, FLORIDA

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## 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:

Colleen K. Lynch

Name of Person

Liberty Mutual Insurance Group

Firm/Company

175 Berkeley Street

Address

Boston, MA 02116

City/State and Zip code

gina.hudson@libertymutual.com

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

For further information concerning this matter, please call:

Colleen K. Lynch

at ( 617 ) 654-3680

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

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

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TALLAHASSEE, FLORIDA

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**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.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Hampshire

(State or country under the law of which it is incorporated)

3. 04-1023460

(FEI number, if applicable)

4. November 9, 1920

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. Company was approved as a Massachusetts domestic on June 15, 2018.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Liberty Way, Dover, NH 03820

(Principal office street 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

(City)

, Florida 32301

(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: \_\_\_\_\_

KADESHA ROBERSON, ASST VICE PRESIDENT

(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: See attached listing

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]  
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
Dolan, Matthew Paul ✓	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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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# State of New Hampshire

## Department of State

### CERTIFICATE

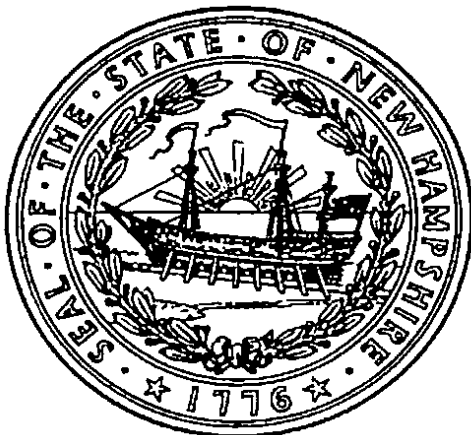
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify LIBERTY MUTUAL PERSONAL INSURANCE COMPANY is a New Hampshire corporation registered on September 27, 2019. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.

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TALLAHASSEE, FLORIDA

Business ID: 832779

Certificate Number: 0004829784



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 6th day of March A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State