

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000004260 (4)**  
 1. Corporation Name  
**LIBERTY MUTUAL MANAGED CARE, INC.**



Principal Place of Business: **175 BERKELEY ST BOSTON MA 02117 US**  
 Mailing Address: **175 BERKEY ST BOSTON MA 02117 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 175 Berkeley St.**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **09/01/1995**  
 4. FEI Number: **04-3217691** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P. O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, JOHN H.</b>	1.2 NAME	
STREET ADDRESS	<b>175 BERKLEY ST</b>	1.3 STREET ADDRESS	<b>175 Berkeley St.</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUNTRYMAN, GARY L.</b>	2.2 NAME	
STREET ADDRESS	<b>175 BERKELEY ST</b>	2.3 STREET ADDRESS	<b>Boston, MA 02117</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKERSON, MATTHEW D</b>	3.2 NAME	
STREET ADDRESS	<b>175 BERKEY ST</b>	3.3 STREET ADDRESS	<b>175 Berkeley St.</b>
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILVAR, BARRY S</b>	4.2 NAME	
STREET ADDRESS	<b>175 BERKEY ST</b>	4.3 STREET ADDRESS	<b>V/S/C</b>
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRUHL, ROBERT H.</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>175 BERKELEY ST</b>	5.3 STREET ADDRESS	<b>Gregg, Gary R.</b>
CITY-ST-ZIP	<b>BOSTON MA</b>	5.4 CITY-ST-ZIP	<b>175 Berkeley St.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Gourley, William</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>175 Berkeley St</b> <b>Boston, MA 02117</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)