



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000531909

2. Exact Name of the Limited Liability Company Liberty Mutual Managed Care LLC

3. State of Formation

State: MA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE RELATED SERVICES

5. Principal Office Address

No. and Street: 175 BERKELEY STREET

City or Town: BOSTON

State: MA

Zip: 02116

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 175 BERKELEY STREET

City or Town: BOSTON

State: MA

Zip: 02116

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	GLENN T. SHAPIRO	175 BERKELEY ST BOSTON, MA 02116 USA
MANAGER	DENNIS J LANGWELL	175 BERKELEY ST BOSTON, MA 02116 USA
MANAGER	J. PAUL CONDRIN III	175 BERKELEY ST BOSTON, MA 02116 USA
MANAGER	JAMES F. KELLEHER	175 BERKELEY ST BOSTON, MA 02116 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 2 Day of November, 2015 at 10:39:10 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DENNIS H LANGWELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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