

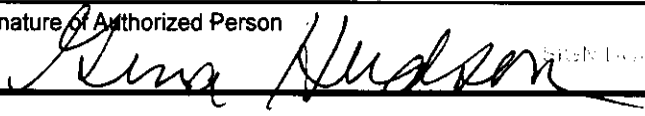


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|--------------------|--|---|--------------------------|---------------------|
| 1. Entity ID Number 000943973 | | 2. Exact name of the Limited Liability Company Liberty Mutual Auto and Home Services LLC | | | |
| 3. NAICS Code 52 - Finance and Insurance | | 4. Brief description of the character of business conducted in Rhode Island Insurance | | | |
| 5. State of Formation MA | | | | | |
| 6. Principal Office Address 175 BERKELEY STREET | | City BOSTON | | State MA | Zip 02116 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name GINA HUDSON | | | Contact Title REGULATORY SPECIALIST | | |
| Street Address 175 BERKELEY STREET | | City BOSTON | | State MA | Zip 02116 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name JULIE M. HAASE | | | Manager Name ANTHONY R. STORM | | |
| Street Address 175 BERKELEY STREET | | | Street Address 175 BERKELEY STREET | | |
| City BOSTON | State MA | Zip 02116 | City BOSTON | State MA | Zip 02116 |
| Manager Name JAMES M. MACPHEE | | | Manager Name | | |
| Street Address 175 BERKELEY STREET | | | Street Address | | |
| City BOSTON | State MA | Zip 02116 | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Person GINA HUDSON | | | | Date 7/19/2017 | |
| Signature of Authorized Person  | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY 368591