



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

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000509085		2. Exact name of the Corporation LIBERTY MUTUAL GROUP INC.	
3. Principal Office Address 175 BERKELEY STREET		City BOSTON	State MA
		Zip 02116	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island HOLDING COMPANY		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name DAVID H. LONG		Vice-President Name STEPHEN D. HYLKA	
Street Address 175 BERKELEY STREET		Street Address 175 BERKELEY STREET	
City BOSTON	State MA	City BOSTON	State MA
Zip 02116		Zip 02116	
Secretary Name MARK C. TOUHEY		Treasurer Name LAURANCE H.S. YAHIA	
Street Address 175 BERKELEY STREET		Street Address 175 BERKELEY STREET	
City BOSTON	State MA	City BOSTON	State MA
Zip 02116		Zip 02116	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name JAMES F. KELLEHER		Director Name DAVID H. LONG	
Street Address 175 BERKELEY STREET		Street Address 175 BERKELEY STREET	
City BOSTON	State MA	City BOSTON	State MA
Zip 02116		Zip 02116	
Director Name CHRISTOPHER L. PEIRCE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		10,191 COMMON .01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative GINA HUDSON		Date 2/22/2018	
Signature of Authorized Representative <i>Gina Hudson</i>		FILED	
		FEB 23 2018	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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