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	2. Exact name of the Corporation
000509085	LIBERTY MUTUAL GROUP INC.

3. Principal Office Address	City	State	Zip
175 BERKELEY STREET	BOSTON	MA	02116

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	HOLDING COMPANY
5. State of Incorporation	
MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DAVID H. LONG	STEPHEN D. HYLKA
Street Address: 175 BERKELEY STREET	Street Address: 175 BERKELEY STREET
City: BOSTON, State: MA, Zip: 02116	City: BOSTON, State: MA, Zip: 02116
Secretary Name	**Treasurer Name**
MARK C. TOUHEY	LAURANCE H.S. YAHIA
Street Address: 175 BERKELEY STREET	Street Address: 175 BERKELEY STREET
City: BOSTON, State: MA, Zip: 02116	City: BOSTON, State: MA, Zip: 02116

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
JAMES F. KELLEHER	DAVID H. LONG
Street Address: 175 BERKELEY STREET	Street Address: 175 BERKELEY STREET
City: BOSTON, State: MA, Zip: 02116	City: BOSTON, State: MA, Zip: 02116
Director Name: CHRISTOPHER L. PEIRCE	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , 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	Date
GINA HUDSON	2/22/2018

Signature of Authorized Representative: Gina Hudson

FILED
FEB 23 2018

BY KL 325061

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 23 PM 12:

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

FORM 630 - Revised: 10/2017