

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215518727

1.) CORPORATION NAME:

Liberty Life Assurance Company of Boston

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0188393**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 12,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 BERKELEY STREET

CITY/ST/ZIP: BOSTON, MA 02116

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|---------------------|---|--|
| NAME: | DAVID H LONG | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 175 BERKELEY STREET | | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02116 | | |

| | | | |
|-----------------|---------------------|---|--|
| NAME: | DENNIS J LANGWELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 175 BERKELEY STREET | | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02116 | | |

| | | | |
|-----------------|------------------|---|-----------------------------------|
| NAME: | KRISTIN L KELLEY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST S | | |
| ADDRESS: | 175 BERKELEY ST | | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02116 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | DEXTER R LEGG | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 175 BERKELEY STREET | | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02117 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | A ALEXANDER FONTANES | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 175 BERKELEY STREET | | |
| CITY/ST/ZIP/CO: | BOSTON, MA 02116 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DEXTER R LEGG

DEXTER R LEGG, SECRETARY

5/14/2015

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.