

ORDER NO. 01006

Pursuant to the request of appellant (carrier) for withdrawal of its Request for Review in Texas Workers' Compensation Commission Appeal No. 011859, Docket No. \_\_\_\_\_ and no opposition having been received, the request for withdrawal is granted.

The true corporate name of the insurance carrier is **LIBERTY MUTUAL INSURANCE COMPANY** and the name and address of its registered agent for service of process is

**C T CORPORATION  
350 N. ST. PAUL STREET  
DALLAS, TEXAS 75201.**

\_\_\_\_\_  
Philip F. O'Neill  
Appeals Judge

CONCUR:

\_\_\_\_\_  
Thomas A. Knapp  
Appeals Judge

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Michael B. McShane  
Appeals Judge