

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 833743 (8)**  
 1. Corporation Name  
**ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY COMPANY**



Principal Place of Business: 440 LINCOLN ST. WORCESTER MA 01853-0001  
 Mailing Address: 440 LINCOLN ST. WORCESTER MA 01853-0001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1975**  
 4. FEI Number: **04-6145677** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country  
 2a. Mailing Address: 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**STATE OF FLORIDA**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JOHN F.	12 NAME	
STREET ADDRESS	66 HOMESTEAD ST	13 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	NEWTON MA	14 CITY- ST- ZIP	Worcester, MA 01653
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ABIGAIL M.	22 NAME	
STREET ADDRESS	274 BROCKELMAN ROAD	23 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	LANCASTER MA	24 CITY- ST- ZIP	Worcester, MA 01653
TITLE	CFO <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRY, EDWARD J III	32 NAME	
STREET ADDRESS	22 SANDY WAY	33 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	CUMBERLAND RI	34 CITY- ST- ZIP	Worcester, MA 01653
TITLE	AVP <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GROVER C	42 NAME	
STREET ADDRESS	19 SATURN DRIVE	43 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	NORHTBORO MA 01545	44 CITY- ST- ZIP	Worcester, MA 01653
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFRAME, BARRY Z.	52 NAME	
STREET ADDRESS	52 ELLIS DRIVE	53 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	WORCESTER MA	54 CITY- ST- ZIP	Worcester, MA 01653
TITLE	VP <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD J	62 NAME	Reilly, Richard M.
STREET ADDRESS	8 TOWNSEND CIRCLE	63 STREET ADDRESS	440 Lincoln Street
CITY- ST- ZIP	WEST BOYLSTON MA	64 CITY- ST- ZIP	Worcester, MA 01653

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Grover C. Murray* Grover C. Murray February 20, 1998 (508)855-2930  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0628158

CR2E034 (10/97)