## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2006 8:00 am Secretary of State 05-02-2006 90203 033 \*\*\*150.00 **DOCUMENT #833743** ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY **COMPANY** Principal Place of Business Mailing Address 60034392 440 LINCOLN ST. 440 LINCOLN ST. ATTENTION: CORPORATE SECRETARY WORCESTER, MA 01653-0001 WORCESTER, MA 01653-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 04-6145677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TIT1 F Change Addition NAME EPPINGER, FREDERICK H NAME Alan Akihiro Yamamura STREET ADDRESS 440 LINCOLN ST STREET ADORESS 85 Broad Street CITY-ST-7P WORCESTER, MA 01653 CITY-ST-ZIP New York, NY 10004 Addition Delete TITLE ☐ Change TITLE CCO NAME HUBER, J. KENDALL NAME Margot K. Wallin STREET ADDRESS 440 LINCOLN ST STREET ADDRESS 440 Lincoln Street Worcester, MA 01653 WORCESTER, MA 01653 CITY-ST-ZIP CITY-ST-ZIP **CFO** Delete TITI F ☐ Channe Addition TITLE CFO PARRY, EDWARD J NAME NAME John J. Fowler STREET ADDRESS 440 LINCOLN ST STREET ADDRESS 85 Broad Street New York, NY 10004 WORCESTER, MA 01653 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE **X** Addition cooKAVANAUGH, JOHN P NAME NAME Nicholas Helmuth von Moltke STREET ADDRESS 440 LINCOLN ST STREET ADDRESS 85 Broad Street CITY-ST-ZIP WORCESTER, MA 01653 CITY-ST-ZIP New York, NY 10004 TITLE ☐ Change ☐ Delete ☐ Addition TITLE REARDON, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 440 LINCOLN ST CITY-ST-ZIP WORCESTER, MA 01653 CITY-ST-7IP Delete TITLE Change Addition TITLE CRONIN, CHARLES F NAME Samuel Ramos STREET ADDRESS STREET ADDRESS 440 LINCOLN ST One New York Plaza

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

WORCESTER, MA 01653

Michael A. Reardon

**FILED**