

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000014967
 1. Corporation Name
 ALLMERICA BENEFITS, INC.

2. Principal Office Address
 440 Lincoln Street

3. Mailing Office Address
 440 Lincoln Street

Suite, Apt. #, etc.

City & State
 Worcester, MA

Zip Country
 01653 USA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 AUG - 7 AM 10:58
 REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 2/14/1997

5. FEI Number 592296913 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Thomas N. Henderson III

Street Address (P.O. Box Number is Not Acceptable)
 101 East Kennedy Boulevard

Suite, Apt. #, Etc. Suite 3700

City Tampa State FL Zip Code 33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Thomas N. Henderson III* Date _____
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Blanchard, Lawrence E	97 Birchwood Drive	Holden, MA 01520
VPD	Davidson, Lee D.	420 Templeton Road	Athol, MA 01331
S	Gronin, Charles F.	57 Longwood Drive	Lunenburg, MA 01462
T	Erickson, Lee W.	455 Quinapoxet Street	Holden, MA 01520
VP	Nunley, K. David	1 Yankee Lane	Ashland, MA 01721

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Lee W. Erickson* Asst. Treasurer 6/22/2001 (508) 835-2498
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/25/2001

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Officers and Directors w/residential address and start date**Allmerica Benefits, Inc.**

<u>Director</u>	<u>Title</u>	<u>Start Date</u>
Lawrence E. Blanchard	Director	02/14/1997
Lee D. Davidson	Director	02/14/1997

<u>Officer</u>	<u>Title</u>	<u>Start Date</u>
Abigail M. Armstrong	Assistant Secretary	04/26/1999
Lawrence E. Blanchard	President	02/14/1997
Charles F. Cronin	Secretary	06/01/2000
Lee D. Davidson	Vice President	02/14/1997
Lee W. Erickson	Treasurer	09/14/1998
Joseph W. MacDougall Jr.	Assistant Secretary	02/14/1997
K. David Nunley	Vice President	10/13/2000
Martin A. Snow	Assistant Treasurer	08/31/1999

Lawrence Blanchard

Residence Address: 97 Birchwood Drive
Holden, MA 01520

Lee Davidson

Residence Address: 420 Templeton Road
Athol, MA 01331

Abigail Armstrong

Residence Address: 274 Brockelman Road
Lancaster, MA 01523

Charles Cronin

Residence Address: 57 Longwood Drive
Lunenburg, MA 01462

Lee Erickson

Residence Address: 455 Quinapoxet Street
Holden, MA 01520

Joseph MacDougall Jr.

Residence Address: 21 Ward Lane
Westboro, MA 01581

K. Nunley

Residence Address: 1 Yankee Lane
Ashland, MA 01721

Martin Snow

Residence Address: 19 Old Farm Road
Sharon, MA 02067

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FROM HILL, WARD, HENDERSON, P. A.

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Pages: 3

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

ALLMERICA BENEFITS, INC.

Certificate of Status	1
Certified Copy	0
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