

JUL-22-2003 13:47

Division of Corporations

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P97000014967

Florida Department of State  
Division of Corporations  
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Fax Number : (850)205-0380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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REGISTERED AGENT CHANGE

ALLMERICA BENEFITS, INC.

RECEIVED  
03 JUL 22 PM 1:50  
DIVISION OF CORPORATIONS

Certificate of Status	0
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Estimated Charge	\$35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation : Allmerica Benefits, Inc.
- 2. The mailing address of the corporation : 440 Lincoln Street, Worcester, MA 01653
- 3. Date of incorporation/qualification: 02/14/1997 Document number: F97000014967
- 4. The name and address of the current registered agent and office:

Henderson, Thomas N III  
101 East Kennedy Boulevard, Suite 3700  
Tampa, Florida 33602

- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
- C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*Charles F. Cronin*  
 (Signature of an officer, chairman or vice chairman of the board)

01/20/03  
 (Date)

Charles F. Cronin, Secretary  
 (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: *Sylvia Amenta-Gray* 7/22/03  
 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
Sylvia Amenta-Gray SPECIAL ASSISTANT SECRETARY  
 (Typed or Printed Name) (Capacity)

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