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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 805400 (9)

Principal Place of Business	Mailing Address	
440 LINCOLN ST WORCESTER MA 01653-0001	440 LINCOLN ST WORCESTER MA 01653-0001	

FILED Apr 21 1998 8:00am Secretary of State

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1941 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-1867050 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #. etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zιο Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32303 83 84 City Zip Code 85 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 Signatore, typed or punied name of regestered agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition EDWARD J. PARRY, IN NAME 1.2 NAME 440 LINCOLN STREET STREET ADDRESS 1.3 STREET ADDRESS **WORCESTER MA** 1.4 CITY - ST - ZIP CITY-ST-7IP DELETE X Change Addition TITLE 2.1 TITLE armstrong, abigail M NAME 2.2 NAME 440 LINCOLD STREET STREET ADDRESS 2.3 STREET ADDRESS 440 Lincoln Street **WORCESTER MA** CITY-ST-ZIP 2. 4 CITY-ST-ZIP 01653 Worcester, MA SVP DELETE Change Addition 3.1 TITLE TITLE MURRAY, GROVER C NAME 3.2 NAME 440 LINCOLN ST STREET ADDRESS 3 3 STREET ADDRESS **WORCESTER MA** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE Change O'BRIEN, JOHN F NAME 4, 2 NAME 440 LINCOLN STREET 4.3 STREET ADDRESS STREET ADDRESS **WORCESTER MA** 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TILLE TITLE AFRAME, BARRY Z NAME 52 NAME 440 LINCOLN STREET STREET ADDRESS 5.3 STREET ADDRESS **WORCESTER MA** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE ANDERSON, BRUCE C 6.2 NAME NAME 440 LINCOLN STREET 63 STREET ADDRESS STREET ADDRESS **WORCESTER MA** CITY-ST-ZIP

14. Thereby 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

February 20, 1998 (508)855-2930