

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90057 039 ***150.00

0617431 AT

DOCUMENT # 805400

1. Entity Name

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business

440 LINCOLN ST
WORCESTER MA 01653-0001

Mailing Address

440 LINCOLN ST
WORCESTER MA 01653-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-1867050

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPT ☐ Delete
 NAME EDWARD J. PARRY, III
 STREET ADDRESS 440 LINCOLN STREET
 CITY-ST-ZIP WORCESTER MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AVP ☐ Delete
 NAME ARMSTRONG, ABIGAIL M
 STREET ADDRESS 440 LINCOLN ST
 CITY-ST-ZIP WORCESTER MA 01653

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AT ☒ Delete
 NAME ERICKSON, LEE W
 STREET ADDRESS 440 LINCOLN ST
 CITY-ST-ZIP WORCESTER MA 01653

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME O'BRIEN, JOHN F
 STREET ADDRESS 440 LINCOLN STREET
 CITY-ST-ZIP WORCESTER MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☒ Delete
 NAME AFRAME, BARRY Z
 STREET ADDRESS 440 LINCOLN STREET
 CITY-ST-ZIP WORCESTER MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME ANDERSON, BRUCE C
 STREET ADDRESS 440 LINCOLN STREET
 CITY-ST-ZIP WORCESTER MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Norton-Gatto Assistant Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)