


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 005 ***150.00

DOCUMENT # F05000000005

1. Entity Name
ALLMERICA PLUS INSURANCE AGENCY, INC.



Principal Place of Business
**440 LINCOLN STREET
 WORCESTER, MA 01653**

Mailing Address
**440 LINCOLN STREET
 WORCESTER, MA 01653**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address c/o Corp Secretary
440 Lincoln Street
 Suite, Apt. #, etc.

City & State
Worcester, MA

Zip Country
01653



04102006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3194493

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, MARILYN G 440 LINCOLN STREET WORCESTER, MA 01653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John W. Chandler 440 Lincoln Street Worcester, MA 01653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNLEY, K. DAVID 440 LINCOLN STREET WORCESTER, MA 01653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Charles F. Cronin 440 Lincoln Street Worcester, MA 01653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRY, EDWARD J III 440 LINCOLN STREET WORCESTER, MA 01653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGIVNEY, MARK C 440 LINCOLN STREET WORCESTER, MA 01653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, LEE D 440 LINCOLN STREET WORCESTER, MA 01653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZURATIS, MARITA 440 LINCOLN STREET WORCESTER, MA 01653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Charles F. Cronin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

03/29/2006
Page 17

40054046

Officers and Directors

#F05000000005

Allmerica Plus Insurance Agency, Inc.

<u>Director</u>	<u>Title</u>	<u>Start Date</u>
John W. Chandler	Director	02/24/2005
Lee D. Davidson	Director	12/31/2003
Marita Zuraitis	Director	11/18/2004

<u>Officer</u>	<u>Title</u>	<u>Start Date</u>
William J. Cahill Jr.	Assistant Clerk	06/01/2000
John W. Chandler	President	02/24/2005
Charles F. Cronin	Clerk	06/01/2000
Lee D. Davidson	Chief Compliance Officer	01/29/2004
	Assistant Vice President	01/29/2004
Edward P. Krause	Assistant Treasurer	01/25/2006
John R. Larson	Assistant Treasurer	02/24/2005
Mark C. McGivney	Treasurer	11/15/2001
Edward J. Parry III	Vice President	06/10/1993