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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11193 (0)**
1. Corporation Name
ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.



Principal Place of Business: **440 LINCOLN STREET WORCESTER MA 01653-0001**
Mailing Address: **440 LINCOLN STREET WORCESTER MA 01653-0001**

3. Date Incorporated or Qualified: **08/21/1986**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

4. FEI Number: **04-2888068**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JOHN F.	1.2 NAME	
STREET ADDRESS	66 HOMESTEAD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSEN, ERIC A.	2.2 NAME	
STREET ADDRESS	6 APPLE TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRY, EDWARD J III	3.2 NAME	
STREET ADDRESS	29 SANDY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CUMBERLAND RI	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ABIGAIL M.	4.2 NAME	
STREET ADDRESS	274 BROCKELMAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN F.	5.2 NAME	
STREET ADDRESS	8 SEARS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBORO MA	5.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GROVER C.	6.2 NAME	
STREET ADDRESS	19 SATURN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stanley A. Zagorski **Stanley A. Zagorski** 4/23/96 (508)855-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.
DIRECTORS AND OFFICERS
November 10, 1995

<u>Name</u>	<u>Title</u>	<u>Date of Election</u>	<u>Resident Address</u>
John F. O'Brien	Director	8/22/89	66 Homestead Street Newton MA 02168
Richard M. Reilly,	Director, President	11/19/90	15 Whittier Road Needham MA 02192
John F. Kelly	Director	9/24/85	8 Sears Road Southboro MA 01772
Eric A. Simonsen	Director	9/4/90	6 Apple Tree Lane Barrington RI 02806
Edward J. Parry, III	Treasurer	2/25/93	29 Sandy Way Cumberland RI 02864
Abigail M. Armstrong	Secretary and Clerk	10/1/86	274 Brockelman Road Lancaster MA 01523
Edward T. Berger	Chief Compliance Officer	9/30/93	1602 Windsor Ridge Drive Westboro MA 01581
XXXXXXXXXXXX	Chief Compliance Officer	11/19/90	13 Kendall Road
XXXXXXXXXXXX	Vice President	12/15/93	Buxton MA 01521
XXXXXXXXXXXX	Controller	2/25/93	
Stephen Parker	Vice President	2/24/94	86 Mayflower Road Winchester MA 01890
Jerome F. Weihs	Vice President	5/8/86	167 Mendon Road Sutton MA 01590
William F. Monroe, Jr.	Assistant Vice President	2/25/93	57 Cavour Circle West Boylston MA 01583
Lila M. Weihs	Assistant Vice President	9/6/89	167 Mendon Road Sutton MA 01590
Emil J. Aberizk, Jr.	Assistant Vice President Compliance Officer	11/14/86 9/30/93	165B West Mountain Street Worcester MA 01606
Mark G. Saccone	Assistant Vice President	10/24/94	26 Keyes House Road Shrewsbury MA 01545
Grover C. Murray	Assistant Controller	11/14/86	19 Saturn Drive Shrewsbury MA 01545
Robert G. Juneau	Assistant Treasurer	2/25/93	9 Bayberry Lane West Millbury MA 01527

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<u>Name</u>	<u>Title</u>	<u>Date of Election</u>	<u>Resident Address</u>
Edward A. Ostrout	Assistant Treasurer	12/11/85	295 Main Street E. Brookfield MA 01515
Stanley A. Zagorski	Assistant Treasurer	1/10/91	204 Auburn Street Cherry Valley MA 01611
Irene Nosel	Assistant Secretary	11/10/95	94 Vassar Street Worcester MA 01602

Addition: Irene Nosel, Assistant Secretary