

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90085 034 ***150.00

DOCUMENT # P11193

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN F.	
STREET ADDRESS	762 SOUTH STREET	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMONSEN, ERIC A.	
STREET ADDRESS	6 APPLE TREE LANE	
CITY-ST-ZIP	BARRINGTON RI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARRY, EDWARD J III	
STREET ADDRESS	60 WINDSONG ROAD	
CITY-ST-ZIP	CUMBERLAND RI 02864	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, ABIGAIL M.	
STREET ADDRESS	274 BROCKELMAN RD.	
CITY-ST-ZIP	LANCASTER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, JOHN F.	
STREET ADDRESS	8 SEARS ROAD	
CITY-ST-ZIP	SOUTHBORO MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MURRAY, GROVER C.	
STREET ADDRESS	19 SATURN DRIVE	
CITY-ST-ZIP	SHREWSBURY MA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Lee W. Erickson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

(508) 855-2490
Daytime Phone #

CR2E034 (4/1/98)