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

04-13-1999 90085 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11193**

1. Corporation Name  
**ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.**

Principal Place of Business <b>440 LINCOLN STREET                  WORCESTER MA 01653-0001</b>	Mailing Address <b>440 LINCOLN STREET                  WORCESTER MA 01653-0001</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/21/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>04-2888068</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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* **LEE W. ERICKSON** *4/6/99* (508) 855-2490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/1/98)