

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90003 026 \*\*\*150.00

**DOCUMENT #** P11193  
1. Entity Name

Allmerica Investment Management Company, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
440 Lincoln Street

3. Mailing Address  
440 Lincoln Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Worcester, MA 01653-0001

City & State  
Worcester, MA 01653-0001

4. FEI Number  
04-2888068

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director O'Brien, John F. 762 South Street Needham MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Simonsen, Eric A. 6 Apple Tree Lane Barrington RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer McGivney, Mark C. 81 Rumstick Road Barrington RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Cronin, Charles F. 57 Longwood Drive Lunenburg MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Reilly, Richard M. 15 Whittier Road Needham MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Erickson, Lee W. 445 Quinapoxet Street Holden MA

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lee W Erickson Lee W Erickson 01/07/2002 (508) 855-4129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)