PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG -7 AM 10:58

REINSTATEMENT 00-01

DOCUMENT # P97000014967

1. Corporation Name

ALLMERICA BENEFITS, INC.

2. Principal Office Address	**3.** Mailing Office Address
440 Lincoln Street	440 Lincoln Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Worcester, MA	City & State: Worcester, MA
Zip: 01653 / Country: USA	Zip: 01653 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/14/1997

5. FEI Number: 592296913 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thomas N. Henderson III

Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard

Suite, Apt. #, Etc.: Suite 3700

City: Tampa — State: FL — Zip Code: 33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Thomas N. Henderson — Date: _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Blanchard, Lawreuce E	97 Birchwood Drive	Holden, MA 01520
VPD	Davidson, Lee D.	420 Templeton Road	Athol, MA 01331
S	Cronin, Charles F.	57 Longwood Drive	Lunenburg, MA 01462
T	Erickson, Lee W.	455 Quinapoxet Street	Holden, MA 01520
VP	Nunley, K. David	1 Yankee Lane	Ashland, MA 01721

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Lee W Erickson Asst. Treasurer — 6/22/2001 — (508) 855-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Officers and Directors w/residential address and start date

Allmerica Benefits, Inc.

Director	Title	Start Date
Lawrence E. Blanchard	Director	02/14/1997
Lee D. Davidson	Director	02/14/1997

Officer	Title	Start Date
Abigail M. Armstrong	Assistant Secretary	04/26/1999
Lawrence E. Blanchard	President	02/14/1997
Charles F. Cronin	Secretary	06/01/2000
Lee D. Davidson	Vice President	02/14/1997
Lee W. Erickson	Treasurer	09/14/1998
Joseph W. MacDougall Jr.	Assistant Secretary	02/14/1997
K. David Nunley	Vice President	10/13/2000
Martin A. Snow	Assistant Treasurer	08/31/1999

Lawrence Blanchard

Residence Address: 97 Birchwood Drive
Holden, MA 01520

Lee Davidson

Residence Address: 420 Templeton Road
Athol, MA 01331

Abigail Armstrong

Residence Address: 274 Brockelman Road
Lancaster, MA 01523

Charles Cronin

Residence Address: 57 Longwood Drive
Lunenburg, MA 01462

Lee Erickson

Residence Address: 455 Quinapoxet Street
Holden, MA 01520

Joseph MacDougall Jr.

Residence Address: 21 Ward Lane
Westboro, MA 01581

K. Nunley

Residence Address: 1 Yankee Lane
Ashland, MA 01721

Martin Snow

Residence Address: 19 Old Farm Road
Sharon, MA 02067

Client: 80300-79
Pages: 3

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
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From:
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CORPORATION REINSTATEMENT

ALLMERICA BENEFITS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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