

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805400

Entity Name: FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**20 GUEST STREET
BRIGHTON, MA 02135**Current Mailing Address:**20 GUEST STREET
BRIGHTON, MA 02135 US**FEI Number:** 04-1867050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
BOX 6200 (32314-6200)
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name ARENA , ROBERT M
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR
Name CAI, PETER
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR
Name DELLAERT , GILLES M.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title TREASURER
Name GIAMALIS, JOHN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SECRETARY
Name JOHNSON, VIRGINIA
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, 1
Name LEAVEY, KEVIN F.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR
Name LEE, HANBEN KIM
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, 2
Name MAXWELL, TONYA
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J. FOWLER

CFO

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TODD , ERIC D.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, 4
Name WALLIN , MARGOT K.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title CFO
Name FOWLER , JOHN J.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, 3
Name WAGNER, NATALIE
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR
Name WILKEN, DAVID
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135