

1.) CORPORATION NAME: <b>ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>3/31/2015</b>  SCC ID NO: <b>F1247123</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>NH</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 LINCOLN ST  
 CITY/ST/ZIP: WORCESTER, MA 01653

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: FREDERICK H EPPINGER<br>TITLE: PRESIDENT<br>ADDRESS: 440 LINCOLN ST<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: DAVID B GREENFIELD<br>TITLE: EXEC VP/CFO<br>ADDRESS: 440 LINCOLN ST<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: J KENDALL HUBER<br>TITLE: EXEC VP/GC<br>ADDRESS: 440 LINCOLN ST<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653     | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: ANDREW C FURMAN<br>TITLE: TREASURER<br>ADDRESS: 440 LINCOLN ST<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653      | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: CHARLES F CRONIN<br>TITLE: SECRETARY<br>ADDRESS: 440 LINCOLN ST<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653     | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FREDERICK H EPPINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FREDERICK H EPPINGER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/21/2015 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.