

1.) CORPORATION NAME:

**ALLMERICA PLUS INSURANCE AGENCY, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

DUE DATE: **2/29/2012**

SCC ID NO: **F1328071**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 200,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**MA**

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.

NAME: RICHARD W LAVAY  
TITLE: PRESIDENT  
ADDRESS: 440 LINCOLN ST  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: CHARLES F CRONIN  
TITLE: SECRETARY  
ADDRESS: 440 LINCOLN ST  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: MARITA ZURAITIS  
TITLE: DIRECTOR  
ADDRESS: 440 LINCLON ST  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: ANN K. TRIPP  
TITLE: TREASURER  
ADDRESS: 440 LINCLON ST  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: J. KENDALL HUBER  
TITLE: VICE PRESIDENT  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: JONATHAN BRYNGA<br>TITLE: VICE PRESIDENT<br>ADDRESS: 440 LINCOLN STREET<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: WILLIAM J. CAHILL, JR.<br>TITLE: VICE PRESIDENT<br>ADDRESS: 440 LINCOLN STREET<br>CITY/ST/ZIP/CO: WORCESTER, MA 01653- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: JOHN J. SWEENEY<br>TITLE: VICE PRESIDENT<br>ADDRESS: 440 LINCOLN STREET<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/ CHARLES F CRONIN<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CHARLES F CRONIN,<br>SECRETARY<br>PRINTED NAME AND CORPORATE TITLE | 2/17/2012<br>DATE |
|---|--|-------------------|

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.