

1.) CORPORATION NAME:

**ALLMERICA PLUS INSURANCE AGENCY, INC.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

<p>NAME: RICHARD W. LAVEY TITLE: PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J. KENDALL HUBER TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JONATHAN BRYNGA TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM J. CAHILL, JR. TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANDREW C. FURMAN TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID B. GREENFIELD TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: EDWARD P. KRAUSE TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDREW C. FURMAN TITLE: TREASURER ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHARLES F. CRONIN TITLE: SECRETARY ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: J. KENDALL HUBER TITLE: ASST SECRETARY ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARK J. WELZENBACH TITLE: DIRECTOR ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input type="checkbox"/> OFFICER <input checked="" 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES F. CRONIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/10/2014 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.		