

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35235 (1)
 1. Corporation Name
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY



Principal Place of Business 2700 VAN BUREN AVE VALLEY FORGE PA 19485-1001	Mailing Address 100 NORTH PARKWAY C. BELLANTONI (N-255) WORCESTER MA 01605-1396
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/22/1991	3a. Date of Last Report 05/21/1996
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4. FEI Number 23-2643430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HARRISON, DALE
3740 ST JOHN'S BLUFF RD., STE 9
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent
 81 Name
THE FLORIDA INSURANCE COMMISSIONER
 82 Street Address (P.O. Box Number is Not Acceptable)
CAPITOL BUILDING
 83
 84 City
TALLAHASSEE **FL** 85 Zip Code
32314

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dale Harrison* **DALE HARRISON** *Claim Manager* **Claim Manager** **JUNE 11, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	CAHILL, JR., WILLIAM J
STREET ADDRESS	10 PLANTERS ROAD
CITY-ST-ZIP	BEVERLY MA 01915
TITLE	C <input type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN F
STREET ADDRESS	68 HOMESTEAD STREET
CITY-ST-ZIP	NEWTON MA 02168
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	RUPLEY, THEODORE J
STREET ADDRESS	9 WINGATE LANE
CITY-ST-ZIP	ACTON MA 01720
TITLE	V <input type="checkbox"/> DELETE
NAME	RICHARDSON, JAMES F
STREET ADDRESS	6 MACNEILL DRIVE
CITY-ST-ZIP	SOUTHBORO MA 01772
TITLE	V <input type="checkbox"/> DELETE
NAME	ROVITO, JOSEPH V
STREET ADDRESS	9 LANTERN ROAD
CITY-ST-ZIP	FRAMINGHAM MA 01701
TITLE	T <input type="checkbox"/> DELETE
NAME	PARRY, III, EDWARD J
STREET ADDRESS	29 SANDY WAY
CITY-ST-ZIP	CUMBERLAND RI 02864

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	SOULE, PHILLIP E.
3.4 CITY-ST-ZIP	440 LINCOLN STREET WORCESTER, MA 01653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/15/97** **208-853-0200**

CR2E034 (9/96)