


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
---	--

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Two Gateway Center	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 2000	27
City & State	City & State
23 Pittsburgh, PA	28
Zip	Country
24 15222	25 Allegheny
	29
	30

3 Date Incorporated or Qualified 08/22/1991	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32314**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____
 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 type="checkbox"/> DELETE
NAME	SOULE, PHILLIP E.	
STREET ADDRESS	440 LINCOLN ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	V	<input checked="" 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

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Senior Vice President
43 STREET ADDRESS	David M. Patterson
44 CITY-ST-ZIP	100 North Parkway
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Senior Vice President
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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: *William J. Cahill, Jr.* **William J. Cahill, Jr.** 4/3/98 (508) 855-3955

CR2E034 (1097)

ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

OFFICERS

Chairman of the Board

John F. O'Brien

President

Phillip E. Soule

Senior Vice Presidents

Lawrence E. Blanchard
David M. Patterson
Joseph V. Rovito

Vice Presidents

Richard F. Betzler
James J. DeLuca
John P. Kavanaugh (& Chief Investment Officer)
John F. Kelly (& General Counsel)
Urban E. Leimkuhler, Jr.
Steven L. Nyberg
Charlene M. Palmisano
Edward J. Parry, III (& Chief Financial Officer, Treasurer)
Alan S. Perlin
Eric A. Simonsen

Assistant Vice Presidents

William J. Cahill, Jr. (& Secretary)
Lee D. Davidson
Ronald E. Latva

Assistant Secretary

Abigail M. Armstrong

Assistant Treasurers

William K. Fain
Robert G. Juneau
Edward A. Ostrout
Jeffrey A. Smith

ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

DIRECTORS

Bruce C. Anderson

Robert E. Bruce

John P. Kavanaugh

John F. Kelly

J. Barry May

James R. McAuliffe

John F. O'Brien

Edward J. Parry, III

Richard M. Reilly

Eric A. Simonsen

Phillip E. Soule