


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90140 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35235
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/22/1991	4. FEI Number 23-2643430	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, JR., WILLIAM J	1.2 NAME	
STREET ADDRESS	10 PLANTERS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY MA 01915	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JOHN F	2.2 NAME	
STREET ADDRESS	66 HOMESTEAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA 02168	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULE, PHILLIP E.	3.2 NAME	
STREET ADDRESS	440 LINCOLN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, DAVID M.	4.2 NAME	
STREET ADDRESS	100 N PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA 01605	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVITO, JOSEPH V	5.2 NAME	
STREET ADDRESS	9 LANTERN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA 01701	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRY, III, EDWARD J	6.2 NAME	
STREET ADDRESS	29 SANDY WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CUMBERLAND RI 02864	6.4 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, with all other like empowered.

SIGNATURE: William J. Cahill, Jr. DATE: 1/28/99 DAYTIME PHONE #: (508) 855-3855

CRZE034 (1/98)