

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90182 014 ***150.00

DOCUMENT # P35235

1. Entity 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 01605-1343**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2643430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	66 HOMESTEAD STREET	
CITY-ST-ZIP	NEWTON MA 02168	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOULE, PHILLIP E.	
STREET ADDRESS	440 LINCOLN ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PATTERSON, DAVID M.	
STREET ADDRESS	100 N PARKWAY	
CITY-ST-ZIP	WORCESTER MA 01605	
TITLE	SVP	<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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Letizia, Bruce A.	
STREET ADDRESS	440 Lincoln St.	
CITY-ST-ZIP	Worcester MA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Cahill, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

508-855-3582

Mary M. Eldridge

William J. Cahill, Jr.

CR29024 (9/99)