

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90049 003 ***150.00

A0054998

DO NOT WRITE IN THIS SPACE

DOCUMENT # P35235
 1. Entity Name
Allmerica Financial Benefit Insurance Company

Principal Place of Business Mailing Address

2. Principal Place of Business 645 W. Grand River Ave.	3. Mailing Address 100 North Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Howell, Michigan		City & State Worcester, Massachusetts	
Zip 48843	Country USA	Zip 01605	Country USA

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. Name and Address of Current Registered Agent

The Florida Insurance Commissioner
Capitol Building
Tallahassee, FL 32314

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME	John F. O'Brien				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				
TITLE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME	Bruce Letizia				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				
TITLE	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME	Charles F. Cronin				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				
TITLE	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME	Mark C. McGivney				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME		NAME	Bruce C. Anderson				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME		NAME	Mark R. Colborn				
STREET ADDRESS		STREET ADDRESS	440 Lincoln Street				
CITY-ST-ZIP		CITY-ST-ZIP	Worcester, MA 01605				

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: **Charles F. Cronin** 4/2/01 **508-855-2319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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Allmerica Financial Benefit Insurance Company

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D
NAME	J. Kendall Huber
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	John P. Kavanaugh
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	James R. McAuliffe
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	Edward J. Parry, III
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	Richard M. Reilly
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	Robert P. Restrepo Jr.
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	Eric A. Simonsen
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605

TITLE	D
NAME	Gregory D. Tranter
STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	Worcester, MA 01605