

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90402 034 \*\*\*150.00

0817419 AT

**DOCUMENT # P35235**

1. Entity Name  
**ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**645 W. GRAND RIVER AVE**      **100 NORTH PARKWAY**  
**HOWELL MI 48843**      **WORCESTER MA 01605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**23-2643430**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75** Additional Fee Required

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CRONIN, CHARLES F</b> <b>440 LINCOLN ST</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Edward J. Parry, III</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>O'BRIEN, JOHN F</b> <b>440 LINCOLN ST</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Mark.C. McGivney</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LETIZIA, BRUCE A</b> <b>440 LINCOLN ST.</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Mark R. Colborn</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCGIVNEY, MARK C</b> <b>440 LINCOLN ST</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>J. Kendall Huber</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, BRUCE C</b> <b>440 LINCOLN ST</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>John P. Kavanaugh</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLBORN, MARK R</b> <b>440 LINCOLN ST</b> <b>WORCESTER MA 01605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Gregory D. Tranter</b> <b>440 Lincoln Street</b> <b>Worcester, MA 01605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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**      **April 4, 2002**      **(508)855-2319**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment  
775617

**2002 UNIFORM BUSINESS REPORT**  
**DOCUMENT # P35235**  
**Allmerica Financial Benefit Insurance Company**

**11. OFFICERS AND DIRECTORS TO BE DELETED**

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

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

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

TITLE: D  
NAME: Mark A. Hug  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: V  
NAME: Peter H. Lapuc  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: V  
NAME: Lori A. Manchester  
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