

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90029 019 ***150.00

DOCUMENT # P35235
 1. Entity Name
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY



Principal Place of Business
**440 LINCOLN STREET
 WORCESTER, MA 01653**

Mailing Address
**440 LINCOLN STREET
 WORCESTER, MA 01653**

J4010106



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2643430

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRY III, EDWARD J 440 LINCOLN ST WORCESTER, MA 01605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCGIVNEY, MARK C 440 LINCOLN ST WORCESTER, MA 01605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBER, KENDALL J 440 LINCOLN ST WORCESTER, MA 01605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAVANAUGH, JOHN P 440 LINCOLN ST WORCESTER, MA 01605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRANTER, GREGORY D 440 LINCOLN ST WORCESTER, MA 01605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **2/5/04** **(508) 855-2319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2003 UNIFORM BUSINESS REPORT
DOCUMENT # P35235
Allmerica Financial Benefit Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE:	D
NAME:	Bruce C. Anderson
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

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

DELETE

TITLE:	D
NAME:	Mhayse G. Samalya
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	S
NAME:	Charles F. Cronin
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	P
NAME:	Bruce A. Letizia
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605