


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90138 013 \*\*\*150.00

<b>DOCUMENT # P35235</b>					
1. Entity Name <b>ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY</b>					
Principal Place of Business <b>440 LINCOLN STREET WORCESTER, MA 01653</b>			Mailing Address <b>440 LINCOLN STREET WORCESTER, MA 01653</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRY III, EDWARD J	NAME			
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGIVNEY, MARK C	NAME			
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUBER, KENDALL J	NAME			
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAVANAUGH, JOHN P	NAME			
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRANter, GREGORY D	NAME			
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS			
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>John Beabazon</i>			<i>John Bajer</i> 4/27/05 (508) 855-2531		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

50046838



01282005 Chg-P CR2E034 (10/03)

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

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

ATTACHMENT  
50046838

2007 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

DELETE

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

DELETE

TITLE: V  
NAME: John E. Brabazon  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

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

DELETE

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

DELETE

TITLE: C  
NAME: Frederick H. Eppinger  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV  
NAME: David J. Firstenburg  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D  
NAME: Bonnie K. Haase  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV  
NAME: Cynthia H. Young  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DP  
NAME: Marita Zuraitis  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605