


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90306 001 \*\*\*600.00

**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**

**66009399**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

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

**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**

**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. 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, 2007 Fee will be \$550.00**

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

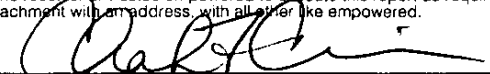
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRY III, EDWARD J 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCGIVNEY, MARK C 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBER, KENDALL J 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRANTER, GREGORY D 440 LINCOLN ST WORCESTER, MA 01605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT 66009399

2007 UNIFORM BUSINESS REPORT  
DOCUMENT # P35235  
Allmerica Financial Benefit Insurance Company

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	DV
NAME:	James S. Hyatt
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	DV
NAME:	Susan S. Korhase
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

DELETE

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

CHANGE

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

TITLE:	D
NAME:	Michael K. Britt
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:	VTD
NAME:	Mark C. McGivney
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

CHANGE

TITLE:	D
NAME:	Bryan D. Allan
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

ADDITION

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

TITLE:	D
NAME:	Paul J. Mueller
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

ADDITION