



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90102 001 \*\*\*600.00

**66008636**



<b>DOCUMENT # P35235</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2643430	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 checked="" 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 checked="" 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	TRANTRER, 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		
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 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: 4/23/08		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

#66008636

2008 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: S  
NAME: Charles F. Cronin  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

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: Bryan D. Allan  
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

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

TITLE: D  
NAME: Eugene M. Bullis  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

ADDITION

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

ADDITION