

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35235

FILED  
May 20, 2010  
Secretary of State

**Entity Name:** ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

**Current Principal Place of Business:**

440 LINCOLN STREET  
WORCESTER, MA 01653

**New Principal Place of Business:**

**Current Mailing Address:**

440 LINCOLN STREET  
WORCESTER, MA 01653

**New Mailing Address:**

FEI Number: 23-2643430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: HUBER, KENDALL J  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

Title: DV  
Name: TRANTER, GREGORY D  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

Title: S  
Name: CRONIN, CHARLES F  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

Title: T  
Name: MYRON, ROBERT P  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

Title: P  
Name: ZURAITIS, MARITA  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

Title: C  
Name: EPPINGER, FREDERICK H  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES F. CRONIN

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05/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date