

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 12, 2003 8:00 am
Secretary of State

0149566
MAR

08-12-2003 90019 017 ***550.00

DOCUMENT # P35235

1. Entity Name
ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY



Principal Place of Business
**645 W. GRAND RIVER AVE
HOWELL MI 48843**

Mailing Address
**100 NORTH PARKWAY
WORCESTER MA 01605**



2. Principal Place of Business
440 Lincoln Street

3. Mailing Address
440 Lincoln Street

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Worcester, MA 01653

City & State
Worcester, MA 01653

Zip
01653 Country
United States

Zip
01653 Country
United States

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**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 COLBORN, MARK R 440 LINCOLN ST. WORCESTER MA 01605	<input checked="" 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 KAVANAUGH, JOHN P 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

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
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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 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: *[Signature]* **SIGNATURE REQUIRED** 7/31/03 508-855-2319
Date Daytime Phone #

CR2E034 (4/03)

Attachments #

80137925

P35235

2003 UNIFORM BUSINESS REPORT

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Allmerica Financial Benefit Insurance Company

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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