

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90045 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014967

1. Corporation Name
ALLMERICA BENEFITS, INC.



Principal Place of Business 440 LINCOLN STREET WORECTER MA 01653	Mailing Address 440 LINCOLN STREET WORECTER MA 01653
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 02/14/1997	
4. FEI Number 59-2296913	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HENDERSON, THOMAS N III
 101 EAST KENNEDY BLVD.
 SUITE 3700-BARNETT PLAZA
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, ABIGAL M	
STREET ADDRESS	274 BROCKELMAN RD	
CITY-ST-ZIP	LANCASTER MA 01523	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Armstrong, Abigail M.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Blanchard, Lawrence E.	
2.3 STREET ADDRESS	97 Birchwood Drive	
2.4 CITY-ST-ZIP	Holden, MA 01520	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Erickson, Lee W.	
3.3 STREET ADDRESS	455 Quinapoxet Street	
3.4 CITY-ST-ZIP	Holden, MA 01520	
4.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Davidson, Lee D.	
4.3 STREET ADDRESS	420 Templeton Road	
4.4 CITY-ST-ZIP	Athol, MA 01331	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Soule, Phillip E.	
5.3 STREET ADDRESS	8 Stratton Drive	
5.4 CITY-ST-ZIP	Westboro, MA 01581	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lee W. Erickson Lee W. Erickson 4/28/99 (508) 855-2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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04/27/1999
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Officers and Directors w/Residential Addresses

Allmerica Benefits, Inc.

<u>Name</u>	<u>Title</u>	<u>Residence Address</u>
Abigail M. Armstrong	Secretary	274 Brockelman Road Lancaster, MA 01523
Lawrence E. Blanchard	Director	97 Birchwood Drive Holden, MA 01520
Lee D. Davidson	President Director	420 Templeton Road Athol, MA 01331
Lee W. Erickson	Vice President Treasurer	455 Quinapoxet Street Holden, MA 01520
Robert G. Juncau	Assistant Treasurer	9 Bayberry Lane West Millbury, MA 01527
Joseph W. MacDougall Jr.	Assistant Secretary	21 Ward Lane Westboro, MA 01581
Phillip E. Soule	Director	8 Stratton Drive Westboro, MA 01581
Christopher J. Therrien	Assistant Treasurer	110 Flagler Drive Holden, MA 01520