

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35235

Entity Name: ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Current Principal Place of Business:

440 LINCOLN STREET
WORCESTER, MA 01653

Current Mailing Address:

440 LINCOLN STREET
WORCESTER, MA 01653

FEI Number: 23-2643430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title S
Name CRONIN, CHARLES F
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title PRESIDENT
Name ROCHE, JOHN CONNOR
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title VP, & TREASURER
Name LESLIE , CRAIG WILSON
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

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

SECRETARY

03/05/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date