

**2021 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 TRIPP, ANN KIRKPATRICK  
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**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date