

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35235

FILED
Apr 26, 2013
Secretary of State
CC1904198515

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
P O BOX 6200 (32314-6200)
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 DV
Name HUBER, KENDALL J
Address 440 LINCOLN ST
City-State-Zip: WORCESTER MA 01605

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

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

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

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

Title CFO
Name GREENFIELD, DAVID B
Address 440 LINCOLN ST
City-State-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

SECRETARY

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date