


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 013 ***150.00

DOCUMENT # P35235			
1. Entity Name ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY			
Principal Place of Business 440 LINCOLN STREET WORCESTER, MA 01653		Mailing Address 440 LINCOLN STREET WORCESTER, MA 01653	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRY III, EDWARD J	NAME	
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIVNEY, MARK C	NAME	
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, KENDALL J	NAME	
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, JOHN P	NAME	
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANter, GREGORY D	NAME	
STREET ADDRESS	440 LINCOLN ST	STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01605	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>John Beabazon</i>		Date: <i>4/27/05</i> (508) 855-2531	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

50046838



01282005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2643430 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

ATTACHMENT
50046838

2007 UNIFORM BUSINESS REPORT
DOCUMENT # P35235
Allmerica Financial Benefit Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: Mark A. Hug
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: D
NAME: Bruce C. Anderson
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: V
NAME: John E. Brabazon
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

DELETE

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

DELETE

TITLE: C
NAME: Frederick H. Eppinger
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV
NAME: David J. Firstenburg
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D
NAME: Bonnie K. Haase
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV
NAME: Cynthia H. Young
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DP
NAME: Marita Zuraitis
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605