2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000014967 L Entity Name ALLMERICA BENEFITS, INC.				R)	FILED Feb 28, 2002 8:00 am Secretary of State 02-28-2002 90017 004 ***150.00		
440 LINCOLN		Mailing Address 440 LINCOLN STREET					
WORECTER I	MA 01653	WORECTER MA 01653					
2. Principal Place of Business		3. Mailing Address				ANA NANA ANA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-2296913		plied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current R	egistered Agent	L		Name and Address of New Registered A	•	a
HENDERS	SON, THOMAS N III	· -					-
101 EAST	KENNEDY BLVD.		Street	Address (P.O.	Box Number is Not Acceptable)		
suite 37 Tampa Fi	-		City	City FL Zip Code		e	
. The above	named entity submits this statement for t	the purpose of changing its	registered office	or registered a	gent, or both, in the State of Florida.	1	
Tax filing r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.			.00 550.00	reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
1.	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFFICERS AND I		
ITLE AME TREET ADORESS ITY - ST - ZIP	PD Blanchard, Lawrence E 97 Birchwood Drive Holden Ma 01520	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change []	Addition
TLE Ame Treet address Ity-st-zip	DV DAVIDSON, LEE D 420 TEMPLETON ROAD ATHOL MA 01331	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
ile Ame Reet address Ty-st-zip	S CRONIN, CHARLES 57 LONGWOOD DRIVE LUNENBURG MA 01462	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
'LE Me Reet address Iy-st-zip	T ERICKSON, LEE W 455 QUINAPOXET STREET HOLDEN MA 01520	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TLE Ame (Reet address Ty-st-zip	V NUNLEY, K. DAVID 1 YANKEE LANE ASHLAND MA 01721	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			Change	Addition
ILE IME REET ADDRESS TY-ST-ZIP	AS ARMSTRONG, ABIGAIL 274 BROCKELMAN ROAD LANCASTER MA 01523	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
CITY-ST-ZIP 13. I hereby c indicated of the corr	LANCASTER MA 01523 ertify that the information supplied with the port is report or supplemental report is the poration or the receiver or trustee empow or on an attachment with an address, with URE:	ue and accurate and that m ered to execute this report a	CITY-ST-ZIP the exemption str y signature shall as required by Ch	ave the same.		an officer /	ar director

04/26/2001

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Allmerica Benefits, Inc.

04/26/2001	Officers and Directors AHOCHMER	\mathcal{H}
Allmerica Benefits, Inc.	D0c#1	604147
Director	Title	Start Date
Lawrence E. Blanchard	Director	02/14/1997
Lee D. Davidson	Director	02/14/1997
Officer Abigail M. Armstrong Lawrence E. Blanchard Charles F. Cronin Lee D. Davidson Lee W. Erickson Joseph W. MacDougall Jr. K. David Nunley Martin A. Snow	TitleAssistant SecretaryPresidentSecretaryVice PresidentTreasurerAssistant SecretaryVice PresidentAssistant Treasurer	Start Date 04/26/1999 02/14/1997 06/01/2000 02/14/1997 09/14/1998 02/14/1997 10/13/2000 08/31/1999

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