2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State

DOCUMENT # P97000014967 1. Entity Name ALLMERICA BENEFITS, INC.						04-02-2004	90061 04	15 ***15	0.00
Principal Plac 440 LINCOLN WORCESTER,	N STREET	Mailing Address 440 LINCOLN STREET WORCESTER, MA 01653			ê (100) (100 kw)	DIII FADII ODIFI DEIII ODI	 		B
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03162004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number 59-2296	913			oplied For ot Applicable
Zip	Country	Zip	Zip Coun		5. Certificate of	Status Desired		8.75 Add	ditional
s	6. Name and Address of Current	Registered Agent			7. :Name and A	ddress of New R	legistered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	le
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or re	gistered agent, or both	in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOT)	- Barrietara	d Agent eignigh von	equired when reinstating)	351844	DATE		P
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai	gn Finan	···	\$5.00 May Be Added to Fees				* 193 - a
10.	OFFICERS AND	DIRECTORS	11,			HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITIZIA, BRUCE A 440 LINCOLN ST WORCESTER, MA 01653	☐ Delete		~	P Letizia , Br	uce A (□ Change Ty	☐ Addition J p o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIDSON, LEE D 420 TEMPLETON ROAD ATHOL, MA 01331	☐ Delete		l l				☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRONIN, CHARLES 57 LONGWOOD DRIVE LUNENBURG, MA 01462	☐ Delete		~ j			i	Change	Addition .
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	T MCQUNEY, MARK C 440 LINCOLN ST WORCESTER, MA 01653	☐ D elete		_	T McGivney, M	ark C		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNLEY, K. DAVID 1. YANKEE LANE ASHLAND, MA 01721	☐ Delete		I .				☐ Change	Addition
NAME	MANCHESTER, LORI A	Delete	, TITLE NAME	E	The same of the same to the sa	and a 1312 man of 100 min		□ Change	Addition
STREET ADDRESS CITY-ST-ZIP	440 LINCOLN ST WORCESTER, MA 01653	Akis Effect and a second second second	CITY-	ET ADDRESS -ST-ZIP		***	e fig.		
• ∡. i nereby c	ertify that the information supplied with	runs hing does not qualify for	ine exer	ription stated	iii aection +19.07(3)(i),	riorida Statutes, I	rurtner certif	y that the in	itormation

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:

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-29-04

508-855-1000

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Officers and Directors

Allmerica Benefits, Inc.

<u>Director</u>	<u>Title</u>	Start Date
Lee D. Davidson	Director	02/14/1997
Bruce A. Letizia	Director	11/29/2001
<u>Officer</u>	<u>Title</u>	Start Date
William J. Cahill Jr.	Assistant Secretary	03/29/2002
Charles F. Cronin	Secretary	06/01/2000
Lee D. Davidson	Vice President	02/14/1997
Franklin D. Figueiredo	Assistant Vice President	11/30/2001
Bruce A. Letizia	President	01/21/2002
Michael D. Lorion	Assistant Treasurer	09/19/2003
Lori A. Manchester	Assistant Treasurer	03/29/2002
Mark C. McGivney ~~	Treasurer	
K. David Nunley	Vice President	10/13/2000
Steven L. Nyberg	Vice President	03/29/2002
Macarthur Starks, Jr.	Assistant Vice President	03/29/2002