

1.) CORPORATION NAME: ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	DUE DATE: 9/30/2013 SCC ID NO: F1119900 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>42,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	42,000
CLASS	AUTHORIZED				
COMMON	42,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: MI					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 645 W GRAND RIVER AVE

CITY/ST/ZIP: HOWELL, MI 48843

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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| NAME: DAVID B GREENFIELD
TITLE: EVP/CFO
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: J KENDALL HUBER
TITLE: EVP/GC
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: CHARLES F CRONIN
TITLE: SECRETARY
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: FREDERICK H EPPINGER
TITLE: PRESIDENT
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: ANDREW C FURMAN
TITLE: TREASURER
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHARLES F CRONIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES F CRONIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/5/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.