

1.) CORPORATION NAME:

**ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1119900**

5.) STOCK INFORMATION

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: 808 North Highlander Way

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.

NAME: FREDERICK H EPPINGER  
TITLE: PRESIDENT  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653

OFFICER

DIRECTOR

NAME: ANDREW C FURMAN  
TITLE: TREASURER  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653

OFFICER

DIRECTOR

NAME: DAVID B GREENFIELD  
TITLE: EVP/CFO  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653

OFFICER

DIRECTOR

NAME: J KENDALL HUBER  
TITLE: EVP/GC  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653

OFFICER

DIRECTOR

NAME: CHARLES F CRONIN  
TITLE: SECRETARY  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653

OFFICER

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

8/13/2014  
DATE

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.