



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Allmerica Financial Benefit Insurance Company

NAIC Group Code 0088 0088 NAIC Company Code 41840 Employer's ID Number 23-2643430
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI
Country of Domicile United States of America

Incorporated/Organized 12/28/2000 Commenced Business 07/01/1976

Statutory Home Office 808 North Highlander Way Howell, MI, US 48843-1070
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002 508-853-7200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 440 Lincoln Street Worcester, MA, US 01653-0002
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002 508-853-7200-8557928
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Dennis M. Hazelwood 508-853-7200-8557928
(Name) (Area Code) (Telephone Number)
DHAZELWOOD@HANOVER.COM 508-853-6332
(E-mail Address) (FAX Number)

OFFICERS

President John Conner Roche Executive Vice President & Treasurer Ann Kirkpatrick Tripp #
Secretary Charles Frederick Cronin

OTHER

Mark Leo Berthiaume, Executive Vice President Jeffrey Mark Farber, Executive Vice President & CFO J. Kendall Huber, Executive Vice President & GC
Richard William Lavey, Executive Vice President Denise Maureen Lowsley #, Executive Vice President Bryan James Salvatore, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison Barnes # Mark Leo Berthiaume Jeffrey Mark Farber
J. Kendall Huber Paul John Mueller Denise Maureen Lowsley #
John Conner Roche Bryan James Salvatore Ann Kirkpatrick Tripp
Mark Joseph Welzenbach

State of Massachusetts SS:
County of Worcester

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Conner Roche
President

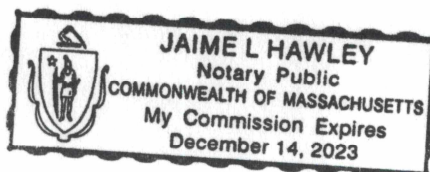
Charles Frederick Cronin
Secretary

Ann Kirkpatrick Tripp
Executive Vice President & Treasurer

Subscribed and sworn to before me this 3rd day of February, 2020

Jaime L. Hawley
Notary
December 14, 2023

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....





ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 142
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability and liability portions), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3499).

(a) Finance and service charges not included in Lines 1 to 35 \$.1

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 14,207
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 40,191
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability and liability portions), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3499).

(a) Finance and service charges not included in Lines 1 to 35 \$ 59,283

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal/Private crop, Farmowners/Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean/Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence/claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private/commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a).

(a) Finance and service charges not included in Lines 1 to 35 \$ 15,819

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	165,254	182,239	.0	77,765	.0	3,723	7,719	.0	1,507	4,073	40,450	2,873
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	2,306,395	2,643,177	35,750	685,622	718,913	1,133,919	3,922,059	57,738	130,796	331,473	209,340	40,101
17.1 Other Liability - occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	2	2	.0	.0	.0	1	1	.0	.0	.0	(1)	.0
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	5,048,790	4,806,286	.0	2,319,643	1,540,199	4,019,689	9,045,472	114,592	296,422	623,422	817,155	87,779
21.1 Private passenger auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage	1,569,582	1,492,906	.0	719,604	948,159	953,794	26,926	.0	1,045	2,505	259,686	27,289
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. International	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	9,090,023	9,124,610	35,750	3,802,634	3,207,271	6,111,126	13,002,177	172,330	429,770	961,473	1,326,630	158,042
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ 22,363

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,720

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Medical, and Auto, ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,905
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	633,698	619,171	0	254,062	0	13,649	26,227	0	5,762	13,840	155,115	12,440
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	909,377	871,597	0	363,595	87,525	(122,641)	348,188	63,734	95,417	133,945	105,998	17,915
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	1,684	(679)	(2,363)	6,563	6,563	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	119,127	29,638	0	6,573	6,573	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	98,785	88,970	0	48,003	42,986	(169,737)	102,404	0	(40,755)	12,369	21,734	1,944
19.4 Other commercial auto liability	5,371,406	4,711,110	0	2,804,987	1,113,857	5,210,290	8,269,416	248,408	426,557	696,222	899,437	105,690
21.1 Private passenger auto physical damage	0	0	0	0	(1,081)	(1,081)	0	2,208	2,208	0	0	0
21.2 Commercial auto physical damage	899,622	798,872	0	457,945	437,361	462,428	109,578	0	664	1,672	161,695	17,695
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	7,912,888	7,089,720	0	3,928,592	1,801,459	5,421,867	8,853,450	327,486	502,989	858,048	1,343,979	155,684
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,831

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	522,888	538,881	0	283,836	0	10,743	22,826	0	4,285	12,045	127,991	20,418
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	2,697,053	2,580,274	1,775	1,271,989	486,388	919,257	1,990,696	87,230	112,179	291,642	328,646	105,402
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	19,241,271	18,457,262	0	9,284,102	11,280,019	15,752,433	17,771,329	514,876	1,069,389	1,221,992	2,868,915	750,108
19.3 Commercial auto no-fault (personal injury protection)	0	78	0	0	0	13	13	0	7	7	26	3
19.4 Other commercial auto liability	6,510,985	6,019,275	0	3,052,254	3,024,595	4,124,060	5,993,920	222,939	403,893	847,038	1,106,291	254,239
21.1 Private passenger auto physical damage	12,406,265	12,032,347	0	5,842,501	6,287,400	6,192,463	(3,872)	534	2,917	13,936	1,850,499	483,768
21.2 Commercial auto physical damage	1,759,624	1,678,761	0	841,596	785,601	776,781	119,020	1,421	2,846	3,670	311,876	68,783
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	43,138,164	41,306,878	1,775	20,576,278	21,864,003	27,775,750	25,893,932	827,000	1,595,516	2,390,330	6,594,244	1,682,721
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 159,035

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability and liability portions), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 104

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	758,918	716,694	.0	396,377	.0	14,269	30,358	.0	5,687	16,020	185,766	7,843
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,250
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	3,302,466	2,843,617	511	1,488,521	1,172,092	1,889,671	4,561,542	134,616	154,193	341,437	435,980	34,520
17.1 Other Liability - occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	582	582	.0	522	.0	(2)	(2)	.0	(1)	(1)	.0	.0
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	5,755,263	5,331,407	.0	2,900,501	1,193,068	1,744,107	4,974,715	57,306	158,065	624,542	952,667	59,606
21.1 Private passenger auto physical damage	589	589	.0	528	53	53	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage	2,119,826	1,995,848	.0	1,001,109	924,008	1,006,868	126,278	.0	1,717	4,151	353,697	21,883
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. International	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	11,937,644	10,888,737	511	5,787,558	3,289,221	4,654,966	9,692,891	191,922	319,661	986,149	1,928,110	125,102
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ 27,558

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Medical, Auto, and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 16,090
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$.66

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,585
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,577

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 KY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 48,678

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

191A



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 42,382
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 ME



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 10,907

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Medical, Auto, and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 56,580

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 56,391
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.MI



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a).

(a) Finance and service charges not included in Lines 1 to 35 \$ 14,669

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$.91

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MS



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 5,395

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MO



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 3

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	54,741	43,945	0	24,483	0	1,245	1,861	0	586	982	13,399	1,212
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	149,855	122,040	0	49,273	7,288	(2)	81,608	2,232	5,265	14,968	17,295	3,338
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	237	0	0	0	20	44	0	12	23	0	(5)
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	147	0	0	0	(4)	(1)	0	0	0	0	(3)
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	204,596	166,369	0	73,756	7,288	1,259	83,512	2,232	5,863	15,973	30,694	4,542
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 33

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NIE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 3,006

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 150,815

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

HN'16



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 35,920

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 491

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NM



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 34,559
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.NY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 26,175

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NC



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 IND



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 6,295
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 OH



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 42,288

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 9,128
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 16,381

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.PA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401-3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 5,805

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.RI



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability and liability portions), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3499).

(a) Finance and service charges not included in Lines 1 to 35 \$ 10,550

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3499).

(a) Finance and service charges not included in Lines 1 to 35 \$6
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

19 SD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	150,737	630,888	0	47,883	0	5,924	26,723	0	744	14,102	36,897	4,400
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	300
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	834,431	761,269	632	382,745	343,658	65,874	1,379,349	54,314	47,353	103,731	127,012	24,772
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	2,917,570	2,962,907	0	1,447,489	914,920	2,224,759	3,076,156	88,512	165,330	405,973	488,062	85,231
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	1,090,960	1,101,804	0	517,005	561,501	528,523	28,101	0	872	2,435	182,788	31,871
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,993,698	5,456,868	632	2,395,122	1,820,079	2,825,080	4,510,329	142,826	214,299	526,241	834,759	146,574
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 13,360

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 68,050

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TX



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	80,663	323,429	0	8,032	0	4,959	13,700	0	1,616	7,229	19,744	2,134
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	418,512	339,166	0	196,224	80,596	252,595	252,841	3,190	12,622	38,852	57,429	10,353
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	18,704	18,533	0	8,949	6,806	(17,819)	13,773	0	(14,594)	2,392	4,163	457
19.4 Other commercial auto liability	2,008,900	1,893,139	0	921,319	711,049	1,844,359	2,640,138	23,470	207,624	334,105	339,266	48,960
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	706,275	662,198	0	334,124	368,606	364,665	44,467	0	692	1,633	120,400	17,226
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	3,233,054	3,236,465	0	1,468,648	1,167,057	2,448,759	2,964,919	26,660	207,960	384,211	541,002	79,130
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 6,127

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	54,398	182,501	0	26,955	0	3,075	7,730	0	1,089	4,079	13,315	1,950
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	320,286	284,407	300	163,087	28,560	(15,028)	152,039	164	7,672	40,825	34,180	11,642
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	416,502	401,192	0	190,003	57,947	111,741	389,553	812	31,814	65,352	64,958	15,053
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	254,757	251,138	0	103,118	184,932	184,107	13,708	0	163	399	41,664	9,207
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,045,943	1,119,238	300	483,163	271,439	283,895	563,030	976	40,738	110,655	154,117	37,852
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 3,702

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.VT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	5,792,953	3,096,683	0	2,718,044	0	129,892	131,171	0	68,396	69,217	1,417,984	135,646
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	500
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	2,747,423	2,501,552	5,881	1,095,542	612,272	429,504	2,245,864	19,467	67,194	262,466	329,570	64,329
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	10,843,942	10,455,601	0	5,363,210	6,443,816	9,021,964	9,957,792	180,957	281,314	697,555	1,597,842	253,714
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	4,249,362	4,032,572	0	2,036,073	1,063,604	863,135	2,779,635	73,436	179,806	494,756	715,976	99,646
21.1 Private passenger auto physical damage	9,381,700	8,969,973	0	4,565,916	5,091,048	4,960,020	92,028	0	(251)	9,846	1,382,373	219,486
21.2 Commercial auto physical damage	1,739,430	1,544,430	0	851,628	875,720	845,024	79,247	0	1,085	3,227	287,980	40,747
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	34,754,810	30,600,811	5,881	16,630,413	14,086,460	16,249,539	15,285,737	273,860	597,544	1,537,067	5,731,725	814,068
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 155,572

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 VA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 13,019
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19/WA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$6
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

191WV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3499).

19.WI

(a) Finance and service charges not included in Lines 1 to 35 \$ 135,957

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit accident and health (group and individual), Collectively renewable accident and health (b), Non-cancelable accident and health(b), Guaranteed renewable accident and health(b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health (b), Federal employees health benefits plan premium (b), Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.WV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2019

NAIC Company Code 41840

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	11,736	10,048	0	1,688	0	8	8	0	4	4	2,873	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	11,736	10,048	0	1,688	0	8	8	0	4	4	2,873	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2019

NAIC Company Code 41840

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,337,818

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
13-5129825	22292	THE HANOVER INSURANCE COMPANY	NH		478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
0399999		Total Authorized - Affiliates - U.S. Non-Pool - Other			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
0499999		Total Authorized - Affiliates - U.S. Non-Pool			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
0799999		Total Authorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999		Total Authorized - Affiliates			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3299999		Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999		Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3699999		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4299999		Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4399999		Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	
4499999		Total Protected Cells (Sum of 1399999, 2799999 and 4199999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999		Totals			478,771	0	0	221,753	2,268	182,254	46,236	222,479	0	674,990	0	0	0	674,990	0	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-5129825	THE HANOVER INSURANCE COMPANY	0	0		0	674,990	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	674,990	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	674,990	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
0899999	Total Authorized - Affiliates	0	0	XXX	0	674,990	0	0	0	0	0	0	0	XXX	0	0	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	674,990	0	0	0	0	0	0	0	XXX	0	0	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
2299999	Total Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
3699999	Total Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)	0	0	XXX	0	674,990	0	0	0	0	0	0	0	XXX	0	0	
4499999	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)	0	0	XXX	0	0	0	0	0	0	0	0	0	XXX	0	0	
9999999	Totals	0	0	XXX	0	674,990	0	0	0	0	0	0	0	XXX	0	0	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
.13-5129825	THE HANOVER INSURANCE COMPANY	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999	Total Authorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999	Total Unauthorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999	Total Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4499999	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
9999999	Totals	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
13-5129825	THE HANOVER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total Authorized - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total Unauthorized - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
3699999	Total Certified - Affiliates	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
4499999	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
9999999	Totals	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
.13-5129825	THE HANOVER INSURANCE COMPANY	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)	0	0	0	0	0	0	0	0	0
4499999	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
NONE				
Total				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	0.000	0
2.	0.000	0
3.	0.000	0
4.	0.000	0
5.	0.000	0

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	THE HANOVER INSURANCE COMPANY	674,990	478,771	Yes [X] No []
7.	0	0	Yes [] No []
8.	0	0	Yes [] No []
9.	0	0	Yes [] No []
10.	0	0	Yes [] No []

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	54,586,432	0	54,586,432
2. Premiums and considerations (Line 15)	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5. Other assets	494,613	0	494,613
6. Net amount recoverable from reinsurers	0	674,990,000	674,990,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	55,081,045	674,990,000	730,071,045
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	452,511,000	452,511,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	20,350	0	20,350
11. Unearned premiums (Line 9)	0	222,479,000	222,479,000
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	503,653	0	503,653
19. Total liabilities excluding protected cell business (Line 26)	524,003	674,990,000	675,514,003
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	54,557,042	XXX	54,557,042
22. Totals (Line 38)	55,081,045	674,990,000	730,071,045

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: The Company ceded 100% of its insurance business to The Hanover Insurance Company, an affiliated insurer.

Schedule H - Part 1 - Analysis of Underwriting Operations

NONE

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	1	1	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	1	1	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	1	1	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	67,415	67,415	0	50,941	50,941	2,207	2,207	6,309	6,309	0	0	11,855
3. 2011.....	68,502	68,502	0	53,505	53,505	2,024	2,024	6,815	6,815	0	0	11,613
4. 2012.....	68,577	68,577	0	49,527	49,527	2,605	2,605	7,428	7,428	0	0	11,407
5. 2013.....	62,806	62,806	0	39,913	39,913	1,510	1,510	6,263	6,263	0	0	10,354
6. 2014.....	53,769	53,769	0	37,940	37,940	1,441	1,441	5,528	5,528	0	0	8,781
7. 2015.....	54,813	54,813	0	33,221	33,221	1,523	1,523	4,830	4,830	0	0	8,254
8. 2016.....	57,039	57,039	0	36,639	36,639	1,273	1,273	5,163	5,163	0	0	8,539
9. 2017.....	63,428	63,428	0	36,720	36,720	1,214	1,214	5,910	5,910	0	0	8,874
10. 2018.....	70,618	70,618	0	31,649	31,649	362	362	5,279	5,279	0	0	8,511
11. 2019.....	75,577	75,577	0	16,437	16,437	78	78	4,774	4,774	0	0	7,818
12. Totals	XXX	XXX	XXX	386,493	386,493	14,238	14,238	58,300	58,300	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	6	6	0	0	0	0	0	0	0	0	1
2. 2010.....	200	200	15	15	0	0	7	7	0	0	0	0	1
3. 2011.....	175	175	10	10	0	0	13	13	0	0	0	0	1
4. 2012.....	50	50	38	38	0	0	20	20	0	0	0	0	1
5. 2013.....	435	435	95	95	0	0	44	44	6	6	0	0	12
6. 2014.....	630	630	200	200	0	0	86	86	4	4	0	0	8
7. 2015.....	1,102	1,102	268	268	9	9	122	122	12	12	0	0	24
8. 2016.....	2,854	2,854	359	359	0	0	353	353	28	28	0	0	57
9. 2017.....	6,054	6,054	987	987	19	19	830	830	70	70	0	0	141
10. 2018.....	9,696	9,696	6,329	6,329	0	0	1,816	1,816	200	200	0	0	403
11. 2019.....	16,872	16,872	23,020	23,020	0	0	2,090	2,090	956	956	0	0	1,924
12. Totals	38,068	38,068	31,325	31,325	29	29	5,381	5,381	1,278	1,278	0	0	2,573

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2010.....	59,680	59,680	0	88.5	88.5	0.0	0	0	0.0	0	0
3. 2011.....	62,543	62,543	0	91.3	91.3	0.0	0	0	0.0	0	0
4. 2012.....	59,668	59,668	0	87.0	87.0	0.0	0	0	0.0	0	0
5. 2013.....	48,266	48,266	0	76.8	76.8	0.0	0	0	0.0	0	0
6. 2014.....	45,830	45,830	0	85.2	85.2	0.0	0	0	0.0	0	0
7. 2015.....	41,087	41,087	0	75.0	75.0	0.0	0	0	0.0	0	0
8. 2016.....	46,669	46,669	0	81.8	81.8	0.0	0	0	0.0	0	0
9. 2017.....	51,804	51,804	0	81.7	81.7	0.0	0	0	0.0	0	0
10. 2018.....	55,332	55,332	0	78.4	78.4	0.0	0	0	0.0	0	0
11. 2019.....	64,227	64,227	0	85.0	85.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX	XXX	XXX	1	1	0	0	0			
2. 2010.....	30,735	30,735	0	19,646	19,646	1,638	1,638	1,288	1,288	0	0	2,812
3. 2011.....	64,044	64,044	0	44,205	44,205	3,202	3,202	3,114	3,114	0	0	5,611
4. 2012.....	88,190	88,190	0	63,740	63,740	4,860	4,860	4,480	4,480	0	0	7,181
5. 2013.....	105,519	105,519	0	70,530	70,530	5,245	5,245	5,521	5,521	0	0	8,856
6. 2014.....	123,479	123,479	0	71,130	71,130	5,187	5,187	6,676	6,676	0	0	10,108
7. 2015.....	129,479	129,479	0	65,245	65,245	5,089	5,089	6,560	6,560	0	0	10,345
8. 2016.....	139,726	139,726	0	69,377	69,377	5,127	5,127	7,059	7,059	0	0	10,277
9. 2017.....	154,434	154,434	0	64,765	64,765	3,967	3,967	8,339	8,339	0	0	11,548
10. 2018.....	175,602	175,602	0	38,765	38,765	1,322	1,322	8,126	8,126	0	0	11,478
11. 2019.....	186,968	186,968	0	21,010	21,010	123	123	6,781	6,781	0	0	9,531
12. Totals	XXX	XXX	XXX	528,412	528,412	35,760	35,760	57,945	57,945	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
	1. Prior.....	0	0	15	15	0	0	1	1	0			
2. 2010.....	85	85	40	40	0	0	4	4	2	2	0	0	2
3. 2011.....	220	220	222	222	0	0	46	46	1	1	0	0	1
4. 2012.....	1,002	1,002	473	473	0	0	175	175	4	4	0	0	5
5. 2013.....	2,022	2,022	425	425	27	27	346	346	9	9	0	0	12
6. 2014.....	2,722	2,722	1,205	1,205	13	13	914	914	17	17	0	0	22
7. 2015.....	8,791	8,791	1,221	1,221	13	13	1,063	1,063	49	49	0	0	63
8. 2016.....	13,494	13,494	6,506	6,506	170	170	2,320	2,320	106	106	0	0	135
9. 2017.....	30,424	30,424	13,378	13,378	867	867	4,627	4,627	277	277	0	0	352
10. 2018.....	39,663	39,663	34,421	34,421	786	786	6,655	6,655	639	639	0	0	814
11. 2019.....	34,350	34,350	65,656	65,656	320	320	9,321	9,321	2,078	2,078	0	0	2,645
12. Totals	132,774	132,774	123,562	123,562	2,195	2,195	25,472	25,472	3,183	3,183	0	0	4,051

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX
2. 2010.....	22,703	22,703	0	73.9	73.9	0.0	0	0	0.0	0	0
3. 2011.....	51,010	51,010	0	79.6	79.6	0.0	0	0	0.0	0	0
4. 2012.....	74,734	74,734	0	84.7	84.7	0.0	0	0	0.0	0	0
5. 2013.....	84,125	84,125	0	79.7	79.7	0.0	0	0	0.0	0	0
6. 2014.....	87,865	87,865	0	71.2	71.2	0.0	0	0	0.0	0	0
7. 2015.....	88,032	88,032	0	68.0	68.0	0.0	0	0	0.0	0	0
8. 2016.....	104,159	104,159	0	74.5	74.5	0.0	0	0	0.0	0	0
9. 2017.....	126,644	126,644	0	82.0	82.0	0.0	0	0	0.0	0	0
10. 2018.....	130,376	130,376	0	74.2	74.2	0.0	0	0	0.0	0	0
11. 2019.....	139,639	139,639	0	74.7	74.7	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	2,766	2,766	0	1,988	1,988	107	107	186	186	0	0	336
3. 2011	11,474	11,474	0	6,149	6,149	442	442	810	810	0	0	1,252
4. 2012	22,492	22,492	0	9,829	9,829	955	955	1,866	1,866	0	0	2,419
5. 2013	31,848	31,848	0	14,067	14,067	1,538	1,538	2,540	2,540	0	0	3,041
6. 2014	37,060	37,060	0	12,039	12,039	947	947	2,998	2,998	0	0	2,947
7. 2015	45,417	45,417	0	15,169	15,169	1,199	1,199	3,526	3,526	0	0	3,415
8. 2016	51,831	51,831	0	15,357	15,357	1,406	1,406	4,642	4,642	0	0	4,165
9. 2017	56,621	56,621	0	14,359	14,359	1,156	1,156	4,241	4,241	0	0	4,009
10. 2018	54,617	54,617	0	11,279	11,279	978	978	4,382	4,382	0	0	4,689
11. 2019	56,177	56,177	0	5,915	5,915	312	312	3,565	3,565	0	0	3,822
12. Totals	XXX	XXX	XXX	106,151	106,151	9,040	9,040	28,755	28,755	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	2	2	4	4	0	0	0	0	0	0	0	0	0
2. 2010	276	276	113	113	0	0	11	11	4	4	0	0	4
3. 2011	203	203	441	441	0	0	71	71	3	3	0	0	3
4. 2012	583	583	860	860	0	0	178	178	9	9	0	0	9
5. 2013	1,229	1,229	1,172	1,172	0	0	277	277	18	18	0	0	19
6. 2014	1,946	1,946	2,096	2,096	0	0	345	345	17	17	0	0	18
7. 2015	2,814	2,814	2,698	2,698	0	0	517	517	50	50	0	0	53
8. 2016	4,098	4,098	3,113	3,113	0	0	730	730	67	67	0	0	71
9. 2017	6,732	6,732	3,957	3,957	0	0	1,082	1,082	121	121	0	0	128
10. 2018	10,782	10,782	4,271	4,271	0	0	1,633	1,633	284	284	0	0	300
11. 2019	17,109	17,109	8,369	8,369	0	0	2,691	2,691	1,199	1,199	0	0	1,269
12. Totals	45,773	45,773	27,092	27,092	0	0	7,534	7,534	1,771	1,771	0	0	1,874

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	2,685	2,685	0	97.0	97.0	0.0	0	0	0.0	0	0
3. 2011	8,118	8,118	0	70.8	70.8	0.0	0	0	0.0	0	0
4. 2012	14,279	14,279	0	63.5	63.5	0.0	0	0	0.0	0	0
5. 2013	20,840	20,840	0	65.4	65.4	0.0	0	0	0.0	0	0
6. 2014	20,387	20,387	0	55.0	55.0	0.0	0	0	0.0	0	0
7. 2015	25,973	25,973	0	57.2	57.2	0.0	0	0	0.0	0	0
8. 2016	29,412	29,412	0	56.7	56.7	0.0	0	0	0.0	0	0
9. 2017	31,650	31,650	0	55.9	55.9	0.0	0	0	0.0	0	0
10. 2018	33,608	33,608	0	61.5	61.5	0.0	0	0	0.0	0	0
11. 2019	39,161	39,161	0	69.7	69.7	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX
2. 2010.....	4,857	4,857	0	2,636	2,636	170	170	224	224	0	0	246
3. 2011.....	4,200	4,200	0	790	790	22	22	158	158	0	0	145
4. 2012.....	4,287	4,287	0	1,917	1,917	160	160	137	137	0	0	115
5. 2013.....	4,223	4,223	0	3,430	3,430	98	98	154	154	0	0	124
6. 2014.....	3,277	3,277	0	2,373	2,373	165	165	185	185	0	0	154
7. 2015.....	2,534	2,534	0	933	933	115	115	83	83	0	0	57
8. 2016.....	2,388	2,388	0	368	368	14	14	96	96	0	0	67
9. 2017.....	2,083	2,083	0	1,843	1,843	34	34	97	97	0	0	65
10. 2018.....	560	560	0	150	150	2	2	31	31	0	0	20
11. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	14,439	14,439	780	780	1,165	1,165	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	15	15	0	0	11	11	0	0	0	0	0
2. 2010.....	0	0	13	13	0	0	7	7	0	0	0	0	0
3. 2011.....	0	0	15	15	0	0	11	11	0	0	0	0	0
4. 2012.....	0	0	15	15	0	0	12	12	0	0	0	0	0
5. 2013.....	0	0	10	10	0	0	15	15	0	0	0	0	0
6. 2014.....	0	0	15	15	0	0	15	15	0	0	0	0	0
7. 2015.....	50	50	11	11	35	35	16	16	1	1	0	0	1
8. 2016.....	125	125	18	18	9	9	17	17	1	1	0	0	1
9. 2017.....	10	10	31	31	0	0	27	27	1	1	0	0	1
10. 2018.....	14	14	16	16	0	0	10	10	3	3	0	0	2
11. 2019.....	0	0	(2)	(2)	0	0	0	0	0	0	0	0	0
12. Totals	199	199	157	157	44	44	142	142	7	7	0	0	5

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2010.....	3,050	3,050	0	62.8	62.8	0.0	0	0	0.0	0	0
3. 2011.....	997	997	0	23.7	23.7	0.0	0	0	0.0	0	0
4. 2012.....	2,240	2,240	0	52.3	52.3	0.0	0	0	0.0	0	0
5. 2013.....	3,707	3,707	0	87.8	87.8	0.0	0	0	0.0	0	0
6. 2014.....	2,754	2,754	0	84.0	84.0	0.0	0	0	0.0	0	0
7. 2015.....	1,246	1,246	0	49.2	49.2	0.0	0	0	0.0	0	0
8. 2016.....	647	647	0	27.1	27.1	0.0	0	0	0.0	0	0
9. 2017.....	2,043	2,043	0	98.1	98.1	0.0	0	0	0.0	0	0
10. 2018.....	226	226	0	40.3	40.3	0.0	0	0	0.0	0	0
11. 2019.....	(2)	(2)	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	12	12	0	0	0	0	0	1	1	0	0	XXX
3. 2011	10	10	0	0	0	0	0	0	0	0	0	XXX
4. 2012	10	10	0	0	0	0	0	0	0	0	0	XXX
5. 2013	15	15	0	0	0	0	0	2	2	0	0	XXX
6. 2014	9	9	0	0	0	0	0	0	0	0	0	XXX
7. 2015	9	9	0	0	0	0	0	0	0	0	0	XXX
8. 2016	11	11	0	0	0	0	0	0	0	0	0	XXX
9. 2017	9	9	0	0	0	0	0	0	0	0	0	XXX
10. 2018	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2019	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	3	3	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	1	1	0	6.5	6.5	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	2	2	0	15.4	15.4	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	250	250	0	0	0	4	4	5	5	0	0	4
3. 2011	232	232	0	0	0	0	0	1	1	0	0	1
4. 2012	153	153	0	0	0	0	0	1	1	0	0	1
5. 2013	123	123	0	0	0	0	0	0	0	0	0	0
6. 2014	104	104	0	2	2	0	0	9	9	0	0	6
7. 2015	87	87	0	2	2	0	0	6	6	0	0	4
8. 2016	66	66	0	0	0	0	0	0	0	0	0	0
9. 2017	36	36	0	0	0	0	0	0	0	0	0	0
10. 2018	11	11	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	5	5	4	4	22	22	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	2	2	0	0	0	0	0	0	0	0	0
2. 2010	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2011	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2012	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2013	0	0	1	1	0	0	1	1	0	0	0	0	0
6. 2014	0	0	1	1	0	0	0	0	0	0	0	0	0
7. 2015	0	0	1	1	0	0	1	1	0	0	0	0	0
8. 2016	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2017	0	0	1	1	0	0	1	1	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	7	7	0	0	6	6	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	10	10	0	3.9	3.9	0.0	0	0	0.0	0	0
3. 2011	2	2	0	0.9	0.9	0.0	0	0	0.0	0	0
4. 2012	2	2	0	1.2	1.2	0.0	0	0	0.0	0	0
5. 2013	1	1	0	1.1	1.1	0.0	0	0	0.0	0	0
6. 2014	13	13	0	12.0	12.0	0.0	0	0	0.0	0	0
7. 2015	10	10	0	11.7	11.7	0.0	0	0	0.0	0	0
8. 2016	2	2	0	2.5	2.5	0.0	0	0	0.0	0	0
9. 2017	2	2	0	4.2	4.2	0.0	0	0	0.0	0	0
10. 2018	1	1	0	5.3	5.3	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	3	3	0	0	0	0	0	0	0	0	0	0
9. 2017	2	2	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	1	1	0	0	0	0	XXX
2. 2018	6,395	6,395	0	15,428	15,428	0	0	29	29	0	0	XXX
3. 2019	19,045	19,045	0	15,321	15,321	0	0	40	40	0	0	XXX
4. Totals	XXX	XXX	XXX	30,749	30,749	1	1	69	69	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2018	0	0	(1)	(1)	0	0	58	58	0	0	0	0	0
3. 2019	0	0	811	811	0	0	368	368	1	1	0	0	1
4. Totals	0	0	810	810	0	0	426	426	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX
2. 2018	15,514	15,514	0	242.6	242.6	0.0	0	0	0.0	0	0
3. 2019	16,541	16,541	0	86.9	86.9	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(587)	(587)	18	18	23	23	0	0	XXX
2. 2018.....	116,512	116,512	0	69,461	69,461	24	24	12,420	12,420	0	0	34,615
3. 2019.....	126,446	126,446	0	69,060	69,060	13	13	11,819	11,819	0	0	32,448
4. Totals.....	XXX	XXX	XXX	137,934	137,934	55	55	24,262	24,262	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	13	13	12	12	0	0	20	20	2	2	0	0	4
2. 2018.....	96	96	(451)	(451)	0	0	34	34	9	9	0	0	20
3. 2019.....	4,830	4,830	(263)	(263)	0	0	149	149	820	820	0	0	1,897
4. Totals.....	4,939	4,939	(702)	(702)	0	0	204	204	831	831	0	0	1,921

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX
2. 2018.....	81,594	81,594	0	70.0	70.0	0.0	0	0	0.0	0	0
3. 2019.....	86,428	86,428	0	68.4	68.4	0.0	0	0	0.0	0	0
4. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	39	39	0	0	0	0	0	0	0	0	0	0
3. 2011	35	35	0	0	0	0	0	0	0	0	0	0
4. 2012	25	25	0	0	0	0	0	0	0	0	0	0
5. 2013	12	12	0	0	0	0	0	0	0	0	0	0
6. 2014	11	11	0	0	0	0	0	0	0	0	0	0
7. 2015	13	13	0	0	0	0	0	0	0	0	0	0
8. 2016	11	11	0	0	0	0	0	0	0	0	0	0
9. 2017	3	3	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	1	1	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.5	0.5	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.7	0.7	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.8	0.8	0.0	0	0	0.0	0	0
8. 2016	0	0	0	1.4	1.4	0.0	0	0	0.0	0	0
9. 2017	0	0	0	8.8	8.8	0.0	0	0	0.0	0	0
10. 2018	0	0	0	121.5	121.5	0.0	0	0	0.0	0	0
11. 2019	1	1	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 2M - International

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 2T - Warranty

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	.000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	892	.0
2. 2010	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,834	3,020
3. 2011	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,443	3,169
4. 2012	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	8,198	3,208
5. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	7,254	3,088
6. 2014	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	5,901	2,872
7. 2015	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	5,516	2,714
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	5,652	2,830
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	5,757	2,976
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	5,486	2,622
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	3,762	2,132

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	102	.0
2. 2010	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2,098	712
3. 2011	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	4,105	1,505
4. 2012	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	5,222	1,954
5. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	6,337	2,507
6. 2014	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	6,981	3,105
7. 2015	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	6,952	3,330
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	6,825	3,317
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	7,384	3,812
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	7,059	3,605
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	4,450	2,436

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	.0
2. 2010	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	177	155
3. 2011	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	747	502
4. 2012	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,297	1,113
5. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	1,489	1,533
6. 2014	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	1,401	1,528
7. 2015	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	1,546	1,816
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	2,771	1,323
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	2,640	1,241
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2,746	1,643
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	1,534	1,019

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	16	.0
2. 2010	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	176	70
3. 2011	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	97	48
4. 2012	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	71	44
5. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	80	44
6. 2014	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	95	59
7. 2015	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	35	21
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	32	34
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	31	33
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	12	6
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	.000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000											XXX	XXX
2. 2010												XXX	XXX
3. 2011	XXX											XXX	XXX
4. 2012	XXX	XXX										XXX	XXX
5. 2013	XXX	XXX	XXX									XXX	XXX
6. 2014	XXX	XXX	XXX	XXX								XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	4
3. 2011	XXX	0	0	0	0	0	0	0	0	0	0	0	1
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	0	0	1
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	6	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	2
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
 EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1	.0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....	.000												
2. 2010.....													
3. 2011.....	XXX												
4. 2012.....	XXX	XXX											
5. 2013.....	XXX	XXX	XXX										
6. 2014.....	XXX	XXX	XXX	XXX									
7. 2015.....	XXX	XXX	XXX	XXX	XXX								
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				XXX	XXX
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000					
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 4G - Special Liability

NONE

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	2,646	445	209	109	103	23	2	1	0	0
2. 2010	5,641	7,964	8,402	8,577	8,749	8,819	8,831	8,834	8,834	8,834
3. 2011	XXX	5,484	7,741	8,122	8,308	8,393	8,427	8,440	8,442	8,443
4. 2012	XXX	XXX	5,546	7,612	7,943	8,088	8,159	8,186	8,196	8,198
5. 2013	XXX	XXX	XXX	4,966	6,826	7,104	7,195	7,240	7,247	7,254
6. 2014	XXX	XXX	XXX	XXX	3,991	5,545	5,753	5,841	5,891	5,901
7. 2015	XXX	XXX	XXX	XXX	XXX	3,743	5,163	5,402	5,482	5,516
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	3,687	5,275	5,547	5,652
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,828	5,477	5,757
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,856	5,486
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,762

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	574	242	95	40	11	0	0	0	0	1
2. 2010	2,384	484	174	81	39	11	5	2	2	1
3. 2011	XXX	2,304	478	189	74	29	11	4	1	1
4. 2012	XXX	XXX	2,029	439	192	84	26	7	2	1
5. 2013	XXX	XXX	XXX	1,883	373	138	55	21	13	12
6. 2014	XXX	XXX	XXX	XXX	1,708	332	151	72	15	8
7. 2015	XXX	XXX	XXX	XXX	XXX	1,541	331	117	51	24
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	1,777	389	156	57
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,811	378	141
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,787	403
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,924

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	1,471	240	101	70	84	14	3	1	0	1
2. 2010	10,087	11,314	11,523	11,635	11,790	11,846	11,854	11,855	11,855	11,855
3. 2011	XXX	9,990	11,226	11,415	11,534	11,584	11,606	11,612	11,612	11,613
4. 2012	XXX	XXX	9,929	11,113	11,282	11,354	11,385	11,398	11,404	11,407
5. 2013	XXX	XXX	XXX	9,116	10,142	10,282	10,324	10,344	10,348	10,354
6. 2014	XXX	XXX	XXX	XXX	7,795	8,626	8,723	8,767	8,776	8,781
7. 2015	XXX	XXX	XXX	XXX	XXX	7,216	8,094	8,193	8,239	8,254
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	7,376	8,369	8,494	8,539
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,724	8,731	8,874
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,473	8,511
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,818

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	311	54	21	10	9	6	2	0	0	0
2. 2010	1,303	1,865	1,990	2,055	2,081	2,089	2,094	2,097	2,098	2,098
3. 2011	XXX	2,474	3,642	3,910	4,016	4,080	4,096	4,102	4,104	4,105
4. 2012	XXX	XXX	3,213	4,630	4,934	5,096	5,166	5,196	5,217	5,222
5. 2013	XXX	XXX	XXX	3,843	5,674	6,022	6,197	6,277	6,323	6,337
6. 2014	XXX	XXX	XXX	XXX	4,600	6,306	6,685	6,863	6,947	6,981
7. 2015	XXX	XXX	XXX	XXX	XXX	4,559	6,274	6,693	6,871	6,952
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	4,392	6,248	6,665	6,825
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,769	6,949	7,384
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,911	7,059
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,450

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	82	42	25	16	7	2	0	0	0	0
2. 2010	519	194	87	35	15	11	6	3	2	2
3. 2011	XXX	1,194	382	167	91	29	9	4	2	1
4. 2012	XXX	XXX	1,349	487	249	119	53	29	7	5
5. 2013	XXX	XXX	XXX	1,821	548	274	130	58	22	12
6. 2014	XXX	XXX	XXX	XXX	1,896	584	301	139	47	22
7. 2015	XXX	XXX	XXX	XXX	XXX	1,992	663	319	146	63
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	2,082	632	278	135
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,407	692	352
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,425	814
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,645

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	243	30	10	5	0	1	0	0	0	0
2. 2010	2,225	2,714	2,767	2,795	2,804	2,812	2,812	2,812	2,812	2,812
3. 2011	XXX	4,521	5,408	5,530	5,586	5,605	5,608	5,611	5,611	5,611
4. 2012	XXX	XXX	5,796	6,918	7,067	7,142	7,161	7,172	7,177	7,181
5. 2013	XXX	XXX	XXX	7,242	8,546	8,735	8,810	8,835	8,850	8,856
6. 2014	XXX	XXX	XXX	XXX	8,638	9,810	10,011	10,078	10,095	10,108
7. 2015	XXX	XXX	XXX	XXX	XXX	8,719	10,044	10,239	10,318	10,345
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	8,646	10,016	10,203	10,277
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,624	11,290	11,548
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,765	11,478
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,531

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	3	1	1	0	0	0	0	0	0	0
2. 2010	54	150	162	168	172	174	174	176	177	177
3. 2011	XXX	344	624	695	716	739	745	745	747	747
4. 2012	XXX	XXX	685	1,098	1,210	1,256	1,275	1,287	1,294	1,297
5. 2013	XXX	XXX	XXX	724	1,232	1,371	1,427	1,455	1,476	1,489
6. 2014	XXX	XXX	XXX	XXX	781	1,213	1,336	1,376	1,397	1,401
7. 2015	XXX	XXX	XXX	XXX	XXX	729	1,309	1,452	1,514	1,546
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	1,692	2,497	2,678	2,771
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,590	2,431	2,640
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,846	2,746
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,534

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	2	1	0	0	0	0	0	0	0	0
2. 2010	114	26	16	10	8	6	7	5	4	4
3. 2011	XXX	307	110	46	29	9	3	5	3	3
4. 2012	XXX	XXX	514	167	77	35	20	14	9	9
5. 2013	XXX	XXX	XXX	663	204	104	68	46	28	19
6. 2014	XXX	XXX	XXX	XXX	580	180	72	42	20	18
7. 2015	XXX	XXX	XXX	XXX	XXX	784	245	123	79	53
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	953	302	149	71
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	961	300	128
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002	300
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,269

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	3	0	0	0	0	0	0	0	0	0
2. 2010	275	328	331	331	334	334	335	335	335	336
3. 2011	XXX	1,001	1,205	1,229	1,240	1,246	1,246	1,248	1,251	1,252
4. 2012	XXX	XXX	2,056	2,348	2,389	2,401	2,407	2,413	2,415	2,419
5. 2013	XXX	XXX	XXX	2,614	2,929	2,992	3,018	3,031	3,037	3,041
6. 2014	XXX	XXX	XXX	XXX	2,572	2,888	2,926	2,942	2,945	2,947
7. 2015	XXX	XXX	XXX	XXX	XXX	2,979	3,316	3,369	3,399	3,415
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	3,615	4,081	4,142	4,165
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,425	3,934	4,009
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,109	4,689
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,822

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	35	9	3	3	1	0	0	0	0	0
2. 2010	95	126	148	171	176	176	176	176	176	176
3. 2011	XXX	74	94	94	95	97	97	97	97	97
4. 2012	XXX	XXX	47	64	68	71	71	71	71	71
5. 2013	XXX	XXX	XXX	57	72	77	78	79	80	80
6. 2014	XXX	XXX	XXX	XXX	74	86	90	94	94	95
7. 2015	XXX	XXX	XXX	XXX	XXX	23	31	33	35	35
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	25	31	32	32
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	29	31
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	12
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	15	7	5	1	0	0	0	0	0	0
2. 2010	40	28	26	6	0	0	0	0	0	0
3. 2011	XXX	19	3	2	3	0	0	0	0	0
4. 2012	XXX	XXX	21	9	2	0	0	0	0	0
5. 2013	XXX	XXX	XXX	13	6	4	2	1	0	0
6. 2014	XXX	XXX	XXX	XXX	25	11	8	1	1	0
7. 2015	XXX	XXX	XXX	XXX	XXX	15	6	4	1	1
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	13	2	4	1
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	3	1
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	39	7	3	1	0	0	0	0	0	0
2. 2010	171	205	241	245	245	246	246	246	246	246
3. 2011	XXX	132	143	143	145	145	145	145	145	145
4. 2012	XXX	XXX	88	112	114	115	115	115	115	115
5. 2013	XXX	XXX	XXX	102	118	123	123	123	124	124
6. 2014	XXX	XXX	XXX	XXX	133	148	153	154	154	154
7. 2015	XXX	XXX	XXX	XXX	XXX	47	56	57	57	57
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	58	64	67	67
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	64	65
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	20
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	6	6	6	6	6	6
7. 2015	XXX	XXX	XXX	XXX	XXX	0	1	2	2	2
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	2	2	0	0	0	0	0	0	0	0
3. 2011	XXX	1	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	1	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	2	2	1	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	3	4	4	4	4	4	4	4	4	4
3. 2011	XXX	1	1	1	1	1	1	1	1	1
4. 2012	XXX	XXX	1	1	1	1	1	1	1	1
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	6	6	6	6	6	6
7. 2015	XXX	XXX	XXX	XXX	XXX	2	4	4	4	4
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	2	1	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	11	0	0	0	0	0	0	0	0	0	0
2. 2010.....	30,725	30,734	30,734	30,734	30,734	30,734	30,734	30,734	30,734	30,734	0
3. 2011.....	XXX	64,034	63,984	63,982	63,982	63,982	63,982	63,982	63,982	63,982	0
4. 2012.....	XXX	XXX	88,240	88,257	88,257	88,257	88,257	88,257	88,257	88,257	0
5. 2013.....	XXX	XXX	XXX	105,504	105,639	105,644	105,641	105,641	105,641	105,641	0
6. 2014.....	XXX	XXX	XXX	XXX	123,343	123,418	123,413	123,413	123,413	123,413	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	129,399	129,370	129,373	129,373	129,373	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	139,762	139,881	139,886	139,886	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154,312	154,343	154,328	(15)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175,566	175,648	82
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186,901	186,901
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186,968
13. Earned Premiums (Sch P-Pt. 1)	30,735	64,044	88,190	105,519	123,479	129,479	139,726	154,434	175,602	186,968	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	11	0	0	0	0	0	0	0	0	0	0
2. 2010.....	30,725	30,734	30,734	30,734	30,734	30,734	30,734	30,734	30,734	30,734	0
3. 2011.....	XXX	64,034	63,984	63,982	63,982	63,982	63,982	63,982	63,982	63,982	0
4. 2012.....	XXX	XXX	88,240	88,257	88,257	88,257	88,257	88,257	88,257	88,257	0
5. 2013.....	XXX	XXX	XXX	105,504	105,639	105,644	105,641	105,641	105,641	105,641	0
6. 2014.....	XXX	XXX	XXX	XXX	123,343	123,418	123,413	123,413	123,413	123,413	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	129,399	129,370	129,373	129,373	129,373	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	139,762	139,881	139,886	139,886	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154,312	154,343	154,328	(15)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175,566	175,648	82
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186,901	186,901
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186,968
13. Earned Premiums (Sch P-Pt. 1)	30,735	64,044	88,190	105,519	123,479	129,479	139,726	154,434	175,602	186,968	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(4)	9	0	0	0	0	0	0	0	0	0
2. 2010.....	2,771	2,942	2,962	2,962	2,961	2,961	2,961	2,961	2,961	2,961	0
3. 2011.....	XXX	11,294	11,869	11,999	11,993	11,993	11,993	11,993	11,993	11,993	0
4. 2012.....	XXX	XXX	21,896	23,448	23,419	23,410	23,410	23,410	23,410	23,410	0
5. 2013.....	XXX	XXX	XXX	30,166	31,452	31,641	31,625	31,613	31,613	31,613	0
6. 2014.....	XXX	XXX	XXX	XXX	35,811	37,829	37,813	37,787	37,783	37,783	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	43,219	45,045	45,108	45,085	45,096	11
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	50,038	52,814	52,793	52,785	(8)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,820	55,734	55,795	60
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52,751	55,578	2,827
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,285	53,285
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56,177
13. Earned Premiums (Sch P-Pt. 1)	2,766	11,474	22,492	31,848	37,060	45,417	51,831	56,621	54,617	56,177	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(4)	9	0	0	0	0	0	0	0	0	0
2. 2010.....	2,771	2,942	2,962	2,962	2,961	2,961	2,961	2,961	2,961	2,961	0
3. 2011.....	XXX	11,294	11,869	11,999	11,993	11,993	11,993	11,993	11,993	11,993	0
4. 2012.....	XXX	XXX	21,896	23,448	23,419	23,410	23,410	23,410	23,410	23,410	0
5. 2013.....	XXX	XXX	XXX	30,166	31,452	31,641	31,625	31,613	31,613	31,613	0
6. 2014.....	XXX	XXX	XXX	XXX	35,811	37,829	37,813	37,787	37,783	37,783	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	43,219	45,045	45,108	45,085	45,096	11
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	50,038	52,814	52,793	52,785	(8)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,820	55,734	55,795	60
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52,751	55,578	2,827
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,285	53,285
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56,177
13. Earned Premiums (Sch P-Pt. 1)	2,766	11,474	22,492	31,848	37,060	45,417	51,831	56,621	54,617	56,177	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(53)	(4)	0	0	0	0	0	0	0	0	0
2. 2010.....	4,911	4,892	4,893	4,893	4,893	4,893	4,893	4,893	4,893	4,893	0
3. 2011.....	XXX	4,224	4,278	4,280	4,280	4,280	4,280	4,280	4,280	4,280	0
4. 2012.....	XXX	XXX	4,232	4,261	4,261	4,261	4,261	4,261	4,261	4,261	0
5. 2013.....	XXX	XXX	XXX	4,192	4,194	4,192	4,192	4,192	4,192	4,192	0
6. 2014.....	XXX	XXX	XXX	XXX	3,274	3,305	3,305	3,305	3,305	3,305	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,505	2,535	2,535	2,535	2,535	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,358	2,377	2,377	2,377	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,064	2,073	2,073	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	551	551	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	4,857	4,200	4,287	4,223	3,277	2,534	2,388	2,083	560	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(53)	(4)	0	0	0	0	0	0	0	0	0
2. 2010.....	4,911	4,892	4,893	4,893	4,893	4,893	4,893	4,893	4,893	4,893	0
3. 2011.....	XXX	4,224	4,278	4,280	4,280	4,280	4,280	4,280	4,280	4,280	0
4. 2012.....	XXX	XXX	4,232	4,261	4,261	4,261	4,261	4,261	4,261	4,261	0
5. 2013.....	XXX	XXX	XXX	4,192	4,194	4,192	4,192	4,192	4,192	4,192	0
6. 2014.....	XXX	XXX	XXX	XXX	3,274	3,305	3,305	3,305	3,305	3,305	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,505	2,535	2,535	2,535	2,535	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,358	2,377	2,377	2,377	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,064	2,073	2,073	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	551	551	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	4,857	4,200	4,287	4,223	3,277	2,534	2,388	2,083	560	0	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	3	0	0	0	0	0	0	0	0	0	0
2. 2010.....	247	251	253	253	253	253	253	253	253	253	0
3. 2011.....	XXX	227	237	237	237	237	237	237	237	237	0
4. 2012.....	XXX	XXX	141	143	143	143	143	143	143	143	0
5. 2013.....	XXX	XXX	XXX	121	120	120	120	120	120	120	0
6. 2014.....	XXX	XXX	XXX	XXX	105	105	105	105	105	105	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	88	95	95	95	95	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	59	66	66	66	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	29	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	250	232	153	123	104	87	66	36	11	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	3	0	0	0	0	0	0	0	0	0	0
2. 2010.....	247	251	253	253	253	253	253	253	253	253	0
3. 2011.....	XXX	227	237	237	237	237	237	237	237	237	0
4. 2012.....	XXX	XXX	141	143	143	143	143	143	143	143	0
5. 2013.....	XXX	XXX	XXX	121	120	120	120	120	120	120	0
6. 2014.....	XXX	XXX	XXX	XXX	105	105	105	105	105	105	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	88	95	95	95	95	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	59	66	66	66	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	29	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	250	232	153	123	104	87	66	36	11	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	3	2	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	3	2	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	1	0	0	0	0	0	0	0	0	0	0
2. 2010.....	39	41	41	41	41	41	41	41	41	41	0
3. 2011.....	XXX	33	36	36	36	36	36	36	36	36	0
4. 2012.....	XXX	XXX	22	23	22	22	22	22	22	22	0
5. 2013.....	XXX	XXX	XXX	11	11	11	11	11	11	11	0
6. 2014.....	XXX	XXX	XXX	XXX	11	13	13	13	13	13	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	11	13	13	13	13	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	9	11	11	11	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	39	35	25	12	11	13	11	3	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	1	0	0	0	0	0	0	0	0	0	0
2. 2010.....	39	41	41	41	41	41	41	41	41	41	0
3. 2011.....	XXX	33	36	36	36	36	36	36	36	36	0
4. 2012.....	XXX	XXX	22	23	22	22	22	22	22	22	0
5. 2013.....	XXX	XXX	XXX	11	11	11	11	11	11	11	0
6. 2014.....	XXX	XXX	XXX	XXX	11	13	13	13	13	13	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	11	13	13	13	13	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	9	11	11	11	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	39	35	25	12	11	13	11	3	0	0	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2010	0	0
1.603 2011	0	0
1.604 2012	0	0
1.605 2013	0	0
1.606 2014	0	0
1.607 2015	0	0
1.608 2016	0	0
1.609 2017	0	0
1.610 2018	0	0
1.611 2019	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars) 5.1 Fidelity0
5.2 Surety0
6. Claim count information is reported per claim or per claimant (Indicate which) per claimant.....
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1304098				AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
.0088	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		54-1632456				Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1827116				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3383822				Professionals Direct Ins. Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
.0088	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	LDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		N	
.0088	The Hanover Insurance Group	13147	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
.0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	

NONE

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	269,667,361
	20-2875170	AIX Holdings, Inc.	(300,000)	0	0	0	0	0		0	(300,000)	0
10212	04-3272695	Allmerica Financial Alliance Ins Co.	(400,000)	0	0	0	0	0		0	(400,000)	200,993,914
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	3,000,000	0	0	0	(68,370,702)		0	(65,370,702)	674,989,744
	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	0	0	0	0	0		0	(200,000)	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(500,000)	0	0	0	0	0		0	(500,000)	13,257,580
31534	38-0421730	Citizens Insurance Co. of America	(106,000,000)	0	(87,094,985)	0	160,083,279	(87,995,735)		0	(121,007,441)	(165,159,317)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	46,471,245
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,300,000)	0	0	0	0	0		0	(1,300,000)	16,930,325
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	12,000,000	0	0	0	(105,181,977)		0	(93,181,977)	1,039,144,547
36064	04-3063898	The Hanover American Insurance Co.	0	1,000,000	0	0	0	(85,150,827)		0	(84,150,827)	419,640,349
	98-1300399	The Hanover Atlantic Insurance Company	0	0	0	0	0	0		0	0	4,942,997
22292	13-5129825	The Hanover Insurance Company	(25,600,000)	(16,000,000)	17,495,094	0	(95,888,923)	519,793,556		(125,000,000)	274,799,727	(4,141,020,518)
11705	86-1070355	Hanover New Jersey Insurance Company	(800,000)	0	0	0	0	0		0	(800,000)	3,108
41602	75-1827351	The Hanover Casualty Company	(1,000,000)	0	0	0	0	0		0	(1,000,000)	75,959,220
22306	04-2217600	Massachusetts Bay Insurance Company	(3,000,000)	0	0	0	0	(173,094,315)		0	(176,094,315)	906,727,359
42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0		0	0	539,451,795
	04-3263626	The Hanover Insurance Group, Inc.	140,000,000	0	69,599,891	0	(64,194,356)	0		125,000,000	270,405,535	0
13147	74-3242673	The Hanover National Insurance Company	(300,000)	0	0	0	0	0		0	(300,000)	0
10815	52-0903682	Verlan Fire Insurance Co.	(600,000)	0	0	0	0	0		0	(600,000)	98,000,291
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES







The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
- 12.
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12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15. Supplement A to Schedule T [Document Identifier 455]	
16. Trusteed Surplus Statement [Document Identifier 490]	
17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Medicare Part D Coverage Supplement [Document Identifier 365]



21. Reinsurance Attestation Supplement [Document Identifier 399]



22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



23. Bail Bond Supplement [Document Identifier 500]



24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



29. Credit Insurance Experience Exhibit [Document Identifier 230]



30. Long-Term Care Experience Reporting Forms [Document Identifier 306]



31. Accident and Health Policy Experience Exhibit [Document Identifier 210]



32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



35. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]



36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]



NONE

ALPHABETICAL INDEX

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