



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Allmerica Financial Benefit Insurance Company

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

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, Worcester, MA, US 01653-0002, 508-853-7200
(Street and Number) (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, Worcester, MA, US 01653-0002, 508-853-7200-8557928
(Street and Number) (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)
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(E-mail Address) (FAX Number)

OFFICERS

President John Conner Roche Vice President & Treasurer Nathaniel William Clarkin
Senior Vice President & Secretary Charles Frederick Cronin

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO, Richard William Lavey, Executive Vice President
Willard Ty-Lunn Lee, Executive Vice President, Denise Maureen Lowsley, Executive Vice President, Bryan James Salvatore, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison Barnes, Jeffrey Mark Farber, Lindsay France Greenfield
Dennis Francis Kerrigan Jr., Willard Ty-Lunn Lee, David John Lovely #
Denise Maureen Lowsley, Paul John Mueller, John Conner Roche
Bryan James Salvatore

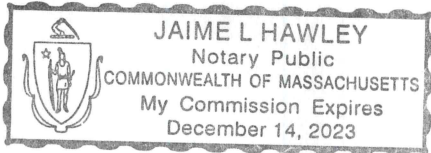
State of Massachusetts SS:
County of Worcester

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, Charles Frederick Cronin, Nathaniel William Clarkin
President Senior Vice President & Secretary Vice President & Treasurer

Subscribed and sworn to before me this 2nd day of May, 2023
Jaime 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.....



STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	76,391,384	0	76,391,384	75,575,454
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$ 175,559), cash equivalents (\$ 1,842) and short-term investments (\$0)	177,401	0	177,401	575,609
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	549,874	0	549,874	536,813
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	77,118,659	0	77,118,659	76,687,875
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	535,689	0	535,689	513,834
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	77,654,348	0	77,654,348	77,201,709
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	77,654,348	0	77,654,348	77,201,709
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	101,244	6,337
7.2 Net deferred tax liability	11,592	11,592
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$320,305,270 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	7,138	6,449
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$0 and interest thereon \$0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	119,974	24,378
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	119,974	24,378
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	4,200,000	4,200,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	55,000,000	55,000,000
35. Unassigned funds (surplus)	18,334,374	17,977,331
36. Less treasury stock, at cost:		
36.10 shares common (value included in Line 30 \$0)	0	0
36.20 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	77,534,374	77,177,331
38. Totals (Page 2, Line 28, Col. 3)	77,654,348	77,201,709
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$184,081,867)	162,041,280	137,332,824	582,981,546
1.2 Assumed (written \$1,770,145)	1,785,622	1,745,393	7,353,365
1.3 Ceded (written \$185,852,012)	163,826,902	139,078,217	590,334,911
1.4 Net (written \$0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$0):			
2.1 Direct	104,728,935	75,909,930	378,097,582
2.2 Assumed	1,238,062	1,056,000	4,641,607
2.3 Ceded	105,966,997	76,965,930	382,739,189
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	451,951	372,443	1,546,228
10. Net realized capital gains (losses) less capital gains tax of \$0	0	12	1,242
11. Net investment gain (loss) (Lines 9 + 10)	451,951	372,455	1,547,470
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	451,951	372,455	1,547,470
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	451,951	372,455	1,547,470
19. Federal and foreign income taxes incurred	94,908	76,723	304,382
20. Net income (Line 18 minus Line 19)(to Line 22)	357,043	295,732	1,243,088
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	77,177,331	70,941,229	70,941,229
22. Net income (from Line 20)	357,043	295,732	1,243,088
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	0	0	(6,987)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	5,000,000
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	357,043	295,732	6,236,101
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	77,534,374	71,236,961	77,177,331
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.	0	0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	0	0
2. Net investment income	441,318	469,141	1,716,631
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	441,318	469,141	1,716,631
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	1	0	299,999
10. Total (Lines 5 through 9)	1	0	299,999
11. Net cash from operations (Line 4 minus Line 10)	441,317	469,141	1,416,632
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,040,961	3,791,630	6,587,790
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,040,961	3,791,630	6,587,790
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,868,113	4,985,048	8,528,685
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	13,061	121,129	3,216
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,881,174	5,106,177	8,531,901
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(840,213)	(1,314,547)	(1,944,111)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	80,052
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	688	1,790	244
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	688	1,790	80,296
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(398,208)	(843,616)	(447,184)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	575,609	1,022,793	1,022,793
19.2 End of period (Line 18 plus Line 19.1)	177,401	179,177	575,609

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Bonds acquired in settlement of capital contribution	0	0	4,890,131
20.0002. Accrued interest on securities acquired in settlement of capital contribution	0	0	29,817

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Allmerica Financial Benefit Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services.

The Michigan Department of Insurance and Financial Services recognizes only statutory accounting practices prescribed or permitted by the State of New Hampshire for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Hampshire Insurance Law. The National Association of Insurance Commissioners ("NAIC") "Accounting Practices and Procedures Manual" ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of New Hampshire. The State has not adopted any prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 357,043	\$ 1,243,088
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 357,043</u>	<u>\$ 1,243,088</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 77,534,374	\$ 77,177,331
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 77,534,374</u>	<u>\$ 77,177,331</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by loans are stated at either amortized cost or fair value, using the scientific interest method, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
- (3) The Company does not own any common stocks.
- (4) The Company does not own any preferred stocks.
- (5) The Company does not own any mortgage loans.
- (6) Loan-backed securities are stated at either amortized cost or fair value, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
- (7) The Company does not own any stocks of, or have any interest in, any subsidiaries.
- (8) The Company does not own any other invested assets.
- (9) The Company does not own any derivatives.
- (10) The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported ("IBNR"). Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior year.
- (13) The Company does not write major medical insurance with prescription drug coverage.

D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

A., B., C.

Not Applicable

D. Loan-Backed Securities

- (1) Prepayment assumptions for loan-backed and structured securities were obtained from prepayment models that are sensitive to refinancing, turnover, equity take-out and other relevant factors. These assumptions are consistent with the current interest rate and economic environment.
- (2) Not applicable
- (3) The Company had no securities with a recognized other-than-temporary impairment.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	10,178
2. 12 Months or Longer	\$	88,761

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	303,307
2. 12 Months or Longer	\$	801,781

- (5) The Company employs a systematic methodology to determine if a decline in market value below book/adjusted carrying value is other-than-temporary. In determining whether a decline in fair value below book/adjusted carrying value is other-than-temporary, the Company evaluates several factors and circumstances, including the issuer's overall financial condition; the issuer's credit and financial strength ratings; the issuer's financial performance, including earnings trends, dividend payments, and asset quality; any specific events which may influence the operations of the issuer including governmental actions; a weakening of the general market conditions in the industry or geographic region in which the issuer operates; the length of time and degree to which the fair value of an issuer's securities remains below cost; the Company's intent and ability to hold the security until such time to allow for the expected recovery in value; and with respect to fixed maturity investments, any factors that might raise doubt about the issuer's ability to pay all amounts due according to the contractual terms. These factors are applied to all securities.

E., F., G., H., I., J., K.

Not applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

No change

2-4.

Not applicable

M., N., O., P., Q., R.

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

Not applicable

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

No change

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn, is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus"), which, in turn, is a wholly-owned non-insurance subsidiary of The Hanover Insurance Group, Inc. ("THG"), a publicly traded company incorporated in Delaware.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Transactions with related party who are not reported on Schedule Y

Not applicable

D. Amounts Due to or from Related Parties

No Change

E. Management, Service Contracts, Cost Sharing Arrangements

Companies affiliated with Hanover have entered into an intercompany Consolidated Service Agreement. Under the agreement, legal entities will be charged the cost of the service provided or expenses paid by the entity providing the service or paying the expense. In addition, these entities will be charged a portion of the costs associated with activities that are performed for the good of THG legal entities.

Investment related services are provided by Opus pursuant to an intercompany Advisory Agreement.

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

H., I., J., K., L., M., N., O.

Not Applicable

NOTE 11 Debt

Not applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The labor for the Company is provided and paid for by Hanover. As such, the Company is included in the benefit plans in force for Hanover. Charges for actual salary and benefit costs for services provided to the Company by Hanover employees are ceded 100% pursuant to the Company's intercompany Reinsurance Agreement.

A., B., C., D., E., F., G., H., I.

Not applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares

The Company has 42,000 shares of \$100 par value common stock authorized and 42,000 shares issued and outstanding.

B. Dividend Rate of Preferred Stock

Not applicable

(C-F) Dividend Restrictions

Pursuant to Michigan's statue, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Michigan Insurance Commissioner, is limited to the greater of 10% of such insurer's statutory policyholder surplus as of December 31, of the immediately preceding year or the statutory net income less realized gains, for the immediately preceding calendar year. Accordingly, the maximum dividend that may be paid at January 1, 2023 without prior approval is \$7,717,733. Dividends or distributions made within the preceding twelve months were considered in the above computations.

(G-M)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A., B., C., D., E.,F.

Not applicable

NOTE 15 Leases

The Company has no material lease obligations at this time.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A.,B.

Not applicable

C. Wash Sales

The Company generally does not sell and reacquire securities within 30 days of the sale date. There were no wash sale transactions with a NAIC designation of 3 or below in the current year.

NOTES TO FINANCIAL STATEMENTS

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

- a. There were no assets carried at the end of the reporting period.
- b. There were no liabilities carried at fair value at the end of the reporting period.

(2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.

(3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

(4) For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

The Company utilizes a third party pricing service for the valuation of the majority of its fixed maturity securities and receives one quote per security. When quoted market prices in an active market are available, they are provided by the pricing service as the fair value and such values are classified as Level 1. Since fixed maturities other than U.S. Treasury securities generally do not trade on a daily basis, the pricing service prepares estimates of fair value for those securities using pricing applications based on a market approach. Inputs into the fair value pricing applications which are common to all asset classes include benchmark U.S. Treasury security yield curves, reported trades of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities and structural characteristics of the security, such as maturity date, coupon, mandatory principal payment dates, frequency of interest and principal payments and optional principal redemption features. Inputs into the fair value applications that are unique by asset class include, but are not limited to:

- U.S. government – determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- All other governments – estimates of appropriate market spread versus underlying related sovereign treasury curves dependent on liquidity and direct or contingent support.
- Corporate bonds, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the level and variability of: economic sensitivity; liquidity; corporate financial policies; management quality; regulatory environment; competitive position; ownership; restrictive covenants; and security or collateral.
- Municipal bonds, which are included in States, territories and possessions; Political subdivisions of states, territories and possessions; and Special revenue and special assessment obligations - overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.
- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations (“CMOs”) which are included in U.S. governments and Special revenue and special assessment obligations - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs, which are included in Industrial and miscellaneous - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; delinquency/default trends; and severity of loss upon default and length of time to recover proceeds following default.
- Commercial mortgage-backed securities, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the value and supply/demand characteristics of: collateral type such as office, retail, residential, lodging, or other; geographic concentration by region, state, metropolitan statistical area and locale; vintage year; historical collateral performance including defeasance, delinquency, default and special servicer trends; and capital structure support features.
- Asset-backed securities, which are included in Industrial and miscellaneous bonds – overall credit quality, including assessments of the underlying collateral type such as credit card receivables, auto loan receivables and equipment lease receivables; geographic diversification; vintage year; historical collateral performance including delinquency, default and casualty trends; economic conditions influencing use rates and resale values; and contract structural support features.

Generally, all prices provided by the pricing service, except actively traded securities with quoted market prices, are reported as Level 2.

The Company holds privately placed corporate bonds and certain other bonds that do not have an active market and for which the pricing service cannot provide fair values. The Company determines fair values for these securities using either matrix pricing or broker quotes. The Company will use observable market data to the extent it is available, but is also required to use a certain amount of unobservable judgment due to the illiquid nature of the securities involved. Additionally, the Company may obtain nonbinding broker quotes which are reported as Level 3.

(5) Not applicable

B. Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 69,677,922	\$ 76,391,384	\$ 13,845,590	\$ 55,832,332	\$ -	\$ -	\$ -
Cash and Short-Term Investments	\$ 177,401	\$ 177,401	\$ 177,401	\$ -	\$ -	\$ -	\$ -

D., E.

Not applicable

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE 21 Other Items

A. Unusual or Infrequent Items

Not Applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures

IBNR loss and loss adjustment expense reserves are allocated to the Company based on the proportion of the Company's earned premiums and case loss reserves relative to other affiliates in the Hanover Insurance Group. Fluctuations by affiliate and state may occur as a result of this re-estimation process.

The Company elected to use rounding to the nearest dollar in reporting amounts in the Statement, except as otherwise directed by instructions.

The Company reported \$0 for premiums receivable due from policyholders, agents and ceding insurers on Page 2 line 15. The Company has no accounts receivable for uninsured plans and amounts due from agents, controlled or controlling persons.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

The Company has reviewed its investments in mortgage-backed securities and has determined that these investments are not subprime.

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable

NOTE 22 Events Subsequent

Not Applicable

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverable in Dispute

The Company had no reinsurance recoverable on paid and unpaid losses in dispute which exceeds 5% of the Company's policyholder surplus. The aggregate of the Company's disputed items did not exceed 10% of policyholder surplus.

C. Reinsurance Assumed and Ceded

No change

D., E., F., G., H., I., J., K.

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability		03/31/2023
3. Was anticipated investment income utilized in the calculation?		Yes [X] No []

NOTE 31 High Deductibles

Not applicable

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

NOTE 33 Asbestos/Environmental Reserves

Not applicable

NOTE 34 Subscriber Savings Accounts

Not applicable

NOTE 35 Multiple Peril Crop Insurance

Not applicable

NOTE 36 Financial Guaranty Insurance

Not applicable

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] No [☐]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000944695
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....		
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [☐] No [☐] N/A [☒]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2019
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/02/2021
- 6.4

By what department or departments?
Michigan Department of Insurance and Financial Services
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐] No [☐] N/A [☒]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐] No [☐] N/A [☒]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☒] No [☐]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Opus Investment Management, Inc	Worcester, MA				YES....

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....

0

13.

Amount of real estate and mortgages held in short-term investments:

\$.....

0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$.....0	\$.....0
14.22 Preferred Stock	\$.....0	\$.....0
14.23 Common Stock	\$.....0	\$.....0
14.24 Short-Term Investments	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate	\$.....0	\$.....0
14.26 All Other	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$.....0	\$.....0

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$.....

0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....

0

16.3

Total payable for securities lending reported on the liability page.

\$.....

0

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	225 Liberty Street, New York, NY 10286

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....		

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....			

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Opus Investment Management, Inc	A.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No []
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107569	Opus Investment Management, Inc	549300UFGZJWL1LMOS85	SEC	DS.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.
.....

Yes [] No [] N/A [X]
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.
.....

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	0.0	0.000	0	0	0	0	0	0	0	0
TOTAL			0	0	0	0	0	0	0	0

5.

Operating Percentages:

5.1 A&H loss percent0.000 %

5.2 A&H cost containment percent0.000 %

5.3 A&H expense percent excluding cost containment expenses0.000 %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....0
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....0
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 7.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

NONE

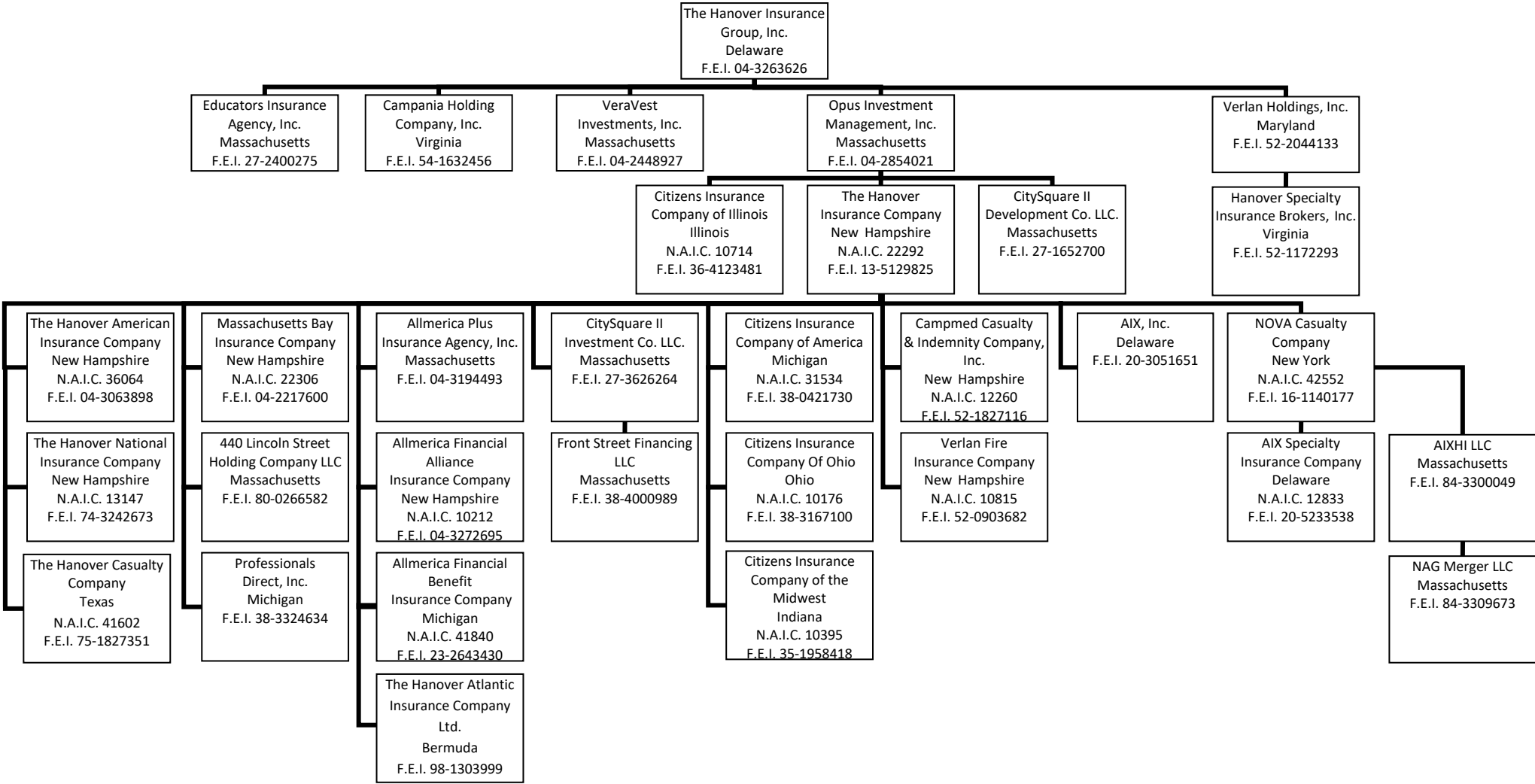
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories								
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	L	469,851	414,916	947,503	11,738	248,110	189,498
2. Alaska	AK	L	71,884	33,041	0	0	50,539	4,109
3. Arizona	AZ	L	1,923,622	1,976,435	3,816,097	693,167	14,783,321	10,307,352
4. Arkansas	AR	L	3,759,399	3,442,623	2,256,181	1,394,279	8,554,102	6,356,143
5. California	CA	L	10,105,772	10,099,102	5,861,361	6,091,621	53,802,034	53,140,341
6. Colorado	CO	L	2,346,442	2,063,778	747,578	718,024	8,367,121	7,479,150
7. Connecticut	CT	L	4,728,387	2,917,859	1,467,092	1,076,872	14,997,766	15,791,517
8. Delaware	DE	L	707,402	491,146	333,230	87,468	3,082,874	922,643
9. District of Columbia	DC	L	543,405	335,000	100,826	84,567	1,124,496	490,603
10. Florida	FL	L	2,156,474	2,646,531	940,198	825,615	16,730,361	13,114,614
11. Georgia	GA	L	16,222,035	14,430,928	10,546,949	7,603,484	45,786,861	38,992,279
12. Hawaii	HI	L	24,199	28,932	2,304	13,546	30,003	22,281
13. Idaho	ID	L	184,225	171,944	184,644	15,958	338,599	150,486
14. Illinois	IL	L	9,031,330	6,825,460	3,099,916	2,091,271	18,324,850	9,344,625
15. Indiana	IN	L	2,505,564	2,662,430	1,983,804	1,429,215	10,383,117	8,373,312
16. Iowa	IA	L	140,219	77,313	260,359	16,257	310,230	84,351
17. Kansas	KS	L	258,016	218,823	124,607	69,008	458,420	593,386
18. Kentucky	KY	L	498,907	881,361	144,232	121,815	3,396,423	3,891,035
19. Louisiana	LA	L	5,777,342	5,144,239	3,929,183	3,215,864	15,971,437	17,446,080
20. Maine	ME	L	4,185,144	3,630,784	1,040,696	915,107	14,355,480	9,078,269
21. Maryland	MD	L	4,647,651	3,296,730	1,624,032	1,268,504	8,813,954	7,736,356
22. Massachusetts	MA	L	10,647,860	9,638,232	2,974,574	2,877,636	24,333,442	15,262,513
23. Michigan	MI	L	8,210,350	6,787,705	2,880,006	2,556,605	20,884,437	18,080,164
24. Minnesota	MN	L	5,057,588	4,507,963	1,634,272	1,373,673	10,934,487	7,511,586
25. Mississippi	MS	L	48,002	115,861	940,682	15,817	36,541	700,237
26. Missouri	MO	L	792,209	817,247	165,544	209,817	2,460,863	2,842,704
27. Montana	MT	L	66,078	27,388	18,424	62	136,365	74,959
28. Nebraska	NE	L	298,812	166,639	40,743	18,430	161,087	256,854
29. Nevada	NV	L	1,026,410	753,944	301,748	537,568	2,480,202	4,050,091
30. New Hampshire	NH	L	7,411,653	6,216,672	4,601,584	3,112,493	13,784,194	13,876,812
31. New Jersey	NJ	L	8,329,651	7,064,557	2,572,598	2,516,829	31,584,453	33,751,055
32. New Mexico	NM	L	211,326	271,616	37,240	95,774	279,373	191,272
33. New York	NY	L	7,144,144	6,795,217	2,732,472	3,120,229	50,563,171	45,302,848
34. North Carolina	NC	L	5,215,887	3,773,911	1,980,131	1,937,827	16,641,893	10,337,363
35. North Dakota	ND	L	26,874	2,377	3,048	185	11,114	1,026
36. Ohio	OH	L	1,778,949	1,319,608	745,668	366,346	2,463,643	1,561,113
37. Oklahoma	OK	L	3,751,809	1,095,065	3,031,502	5,180,648	6,721,751	5,616,216
38. Oregon	OR	L	1,687,493	1,270,642	480,954	1,535,071	4,154,554	3,167,720
39. Pennsylvania	PA	L	3,811,314	3,462,600	1,078,409	2,000,336	15,782,295	10,274,904
40. Rhode Island	RI	L	1,390,592	900,946	179,210	835,429	2,317,643	3,286,557
41. South Carolina	SC	L	3,231,773	2,758,887	1,747,884	499,348	8,796,373	8,829,955
42. South Dakota	SD	L	(2,472)	66,707	3,945	7,696	77,328	131,375
43. Tennessee	TN	L	2,636,397	1,967,396	935,098	554,943	7,646,104	5,548,870
44. Texas	TX	L	14,753,915	11,675,266	6,348,602	2,827,670	44,499,196	42,523,089
45. Utah	UT	L	1,626,633	1,414,745	1,529,562	415,598	3,191,628	3,679,955
46. Vermont	VT	L	570,285	484,877	163,675	119,993	879,949	456,227
47. Virginia	VA	L	9,703,368	7,771,294	6,112,875	3,220,563	21,996,156	20,191,852
48. Washington	WA	L	2,783,426	1,853,256	768,477	1,123,750	6,037,621	7,709,765
49. West Virginia	WV	L	68,996	58,582	4,596	125	34,013	13,362
50. Wisconsin	WI	L	11,500,988	8,677,058	6,436,924	5,553,860	20,033,118	18,187,203
51. Wyoming	WY	L	6,433	995	965	0	585	682
52. American Samoa	AS	N	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0
57. Canada	CAN	N	7,853	0	14,509	0	19	0
58. Aggregate Other Alien OT	XXX		0	0	0	0	0	0
59. Totals	XXX		184,081,866	153,506,628	89,876,713	70,357,703	558,833,696	486,926,759
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	51	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile.....	0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....	0	6. N - None of the above - Not allowed to write business in the state.....	6

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



Note: All Companies are wholly-owned.

Allmerica Securities Trust
Massachusetts

Affiliated Investment Management Company

STATEMENT AS OF MARCH 31, 2023 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	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	..MA.....	..NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	..MA.....	..NIA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		20-5233538				AIX Specialty Insurance Company	..DE.....	..IA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	..DE.....	..NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.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.	NO.....	
.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.	NO.....	
	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.	NO.....	
	The Hanover Insurance Group						Allmerica Securities Trust	..MA.....	..NIA.....	The Hanover Insurance Group, Inc.	Management.....	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	31534	54-1632456				Campania Holding Company, Inc.	..VA.....	..NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc.	..NH.....	..IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		38-0421730				Citizens Insurance Company of America	..MI.....	..IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		36-4123481				Citizens Insurance Company of Illinois	..IL.....	..IA.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.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.	NO.....	
.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.	NO.....	
	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.	NO.....	
	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.	NO.....	
	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.	NO.....	
	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.	NO.....	
	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.	NO.....	
.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.	NO.....	
.0088	The Hanover Insurance Group	42552	84-3309673				NAG Merger LLC	..MA.....	..NIA.....	AIXHI LLC	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		16-1140177				NOVA Casualty Company	..NY.....	..IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	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.	NO.....	
	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.	NO.....	
.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.	NO.....	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	..BMJ.....	..IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	YES.....	
	The Hanover Insurance Group		75-1827351				The Hanover Casualty Company	..TX.....	..IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
	The Hanover Insurance Group		13-5129825				The Hanover Insurance Company	..NH.....	..UDP.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group		04-3263626				New York Stock Exchange .	..DE.....	..UIP.....			0.000		NO.....	
.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.	NO.....	
	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.	NO.....	
.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.	NO.....	
	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.	NO.....	

Asterisk	

NONE

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	61,801	39,911	64.6	(2.8)
2.1	Allied Lines	112,925	(17,565)	(15.6)	(0.5)
2.2	Multiple peril crop	0	0	0.0	0.0
2.3	Federal flood	0	0	0.0	0.0
2.4	Private crop	0	0	0.0	0.0
2.5	Private flood	598	(58)	(9.7)	0.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	0	0	0.0	0.0
5.1	Commercial multiple peril (non-liability portion)	11,761,450	6,572,720	55.9	73.2
5.2	Commercial multiple peril (liability portion)	4,669,067	1,742,035	37.3	16.3
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.	Inland marine	5,795,778	7,252,726	125.1	66.1
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability - occurrence	0	0	0.0	0.0
11.2	Medical professional liability - claims-made	0	0	0.0	0.0
12.	Earthquake	75,459	(5,353)	(7.1)	(1.4)
13.1	Comprehensive (hospital and medical) individual	0	0	0.0	0.0
13.2	Comprehensive (hospital and medical) group	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.1	Vision only	0	0	0.0	0.0
15.2	Dental only	0	0	0.0	0.0
15.3	Disability income	0	0	0.0	0.0
15.4	Medicare supplement	0	0	0.0	0.0
15.5	Medicaid Title XIX	0	0	0.0	0.0
15.6	Medicare Title XVIII	0	0	0.0	0.0
15.7	Long-term care	0	0	0.0	0.0
15.8	Federal employees health benefits plan	0	0	0.0	0.0
15.9	Other health	0	0	0.0	0.0
16.	Workers' compensation	21,423,197	9,380,101	43.8	41.9
17.1	Other liability - occurrence	2,629,121	3,745,065	142.4	18.1
17.2	Other liability - claims-made	89,364	(9,318)	(10.4)	(7.6)
17.3	Excess workers' compensation	0	0	0.0	0.0
18.1	Products liability - occurrence	81,589	(21,703)	(26.6)	21.7
18.2	Products liability - claims-made	0	0	0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)	0	(2)	0.0	0.0
19.2	Other private passenger auto liability	21,926,921	16,257,506	74.1	49.8
19.3	Commercial auto no-fault (personal injury protection)	1,091,046	(434,844)	(39.9)	(8.6)
19.4	Other commercial auto liability	54,000,793	32,661,814	60.5	56.4
21.1	Private passenger auto physical damage	18,771,376	13,343,780	71.1	67.9
21.2	Commercial auto physical damage	18,912,601	14,044,119	74.3	63.0
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	369,951	28,833	7.8	26.9
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	268,243	149,168	55.6	(9.9)
27.	Boiler and machinery	0	0	0.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	Totals	162,041,280	104,728,935	64.6	55.3
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
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	79,322	79,322	35,157
2.1	Allied Lines	155,278	155,278	100,974
2.2	Multiple peril crop	0	0	0
2.3	Federal flood	0	0	0
2.4	Private crop	0	0	0
2.5	Private flood	2,197	2,197	317
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	0	0	0
5.1	Commercial multiple peril (non-liability portion)	16,941,861	16,941,861	7,793,789
5.2	Commercial multiple peril (liability portion)	7,178,503	7,178,503	3,127,030
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.	Inland marine	4,463,942	4,463,942	4,891,351
10.	Financial guaranty	0	0	0
11.1	Medical professional liability - occurrence	0	0	0
11.2	Medical professional liability - claims-made	0	0	0
12.	Earthquake	99,814	99,814	61,884
13.1	Comprehensive (hospital and medical) individual	0	0	0
13.2	Comprehensive (hospital and medical) group	0	0	0
14.	Credit accident and health	0	0	0
15.1	Vision only	0	0	0
15.2	Dental only	0	0	0
15.3	Disability income	0	0	0
15.4	Medicare supplement	0	0	0
15.5	Medicaid Title XIX	0	0	0
15.6	Medicare Title XVIII	0	0	0
15.7	Long-term care	0	0	0
15.8	Federal employees health benefits plan	0	0	0
15.9	Other health	0	0	0
16.	Workers' compensation	24,917,950	24,917,950	23,498,823
17.1	Other liability - occurrence	3,941,173	3,941,173	1,822,626
17.2	Other liability - claims-made	154,949	154,949	7,524
17.3	Excess workers' compensation	0	0	0
18.1	Products liability - occurrence	116,646	116,646	48,828
18.2	Products liability - claims-made	0	0	0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0
19.2	Other private passenger auto liability	21,807,650	21,807,650	18,116,140
19.3	Commercial auto no-fault (personal injury protection)	1,216,493	1,216,493	1,270,872
19.4	Other commercial auto liability	61,897,144	61,897,144	56,818,483
21.1	Private passenger auto physical damage	18,376,893	18,376,893	15,303,724
21.2	Commercial auto physical damage	21,873,302	21,873,302	20,083,717
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	495,262	495,262	314,208
24.	Surety	0	0	0
26.	Burglary and theft	363,488	363,488	211,181
27.	Boiler and machinery	0	0	0
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	184,081,867	184,081,867	153,506,628
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year- End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2023 Loss and LAE Payments on Claims Reported as of Prior Year-End	2023 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2023 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2020 + Prior													
2. 2021													
3. Subtotals 2021 + Prior													
4. 2022													
5. Subtotals 2022 + Prior													
6. 2023	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF MARCH 31, 2023 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. 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.

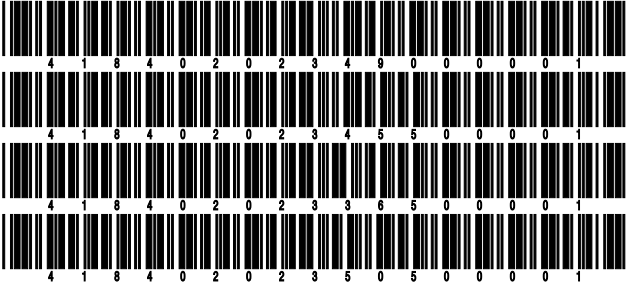
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
AUGUST FILING	
5. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

1.
2.
3.
4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	75,575,454	68,901,034
2. Cost of bonds and stocks acquired	2,868,113	13,418,816
3. Accrual of discount	43,153	78,329
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(1,000)
6. Deduct consideration for bonds and stocks disposed of	2,040,961	6,592,002
7. Deduct amortization of premium	54,375	233,936
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	4,212
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	76,391,384	75,575,454
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	76,391,384	75,575,454

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	72,079,991	2,868,113	1,940,961	(11,732)	72,995,411	0	0	72,079,991
2. NAIC 2 (a)	3,495,463	0	100,000	510	3,395,973	0	0	3,495,463
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	75,575,454	2,868,113	2,040,961	(11,221)	76,391,384	0	0	75,575,454
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	75,575,454	2,868,113	2,040,961	(11,221)	76,391,384	0	0	75,575,454

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,980	208
2. Cost of cash equivalents acquired	3,457	25,261
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	3,595	23,489
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,842	1,980
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,842	1,980

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
91282C-GC-9	UNITED STATES TREASURY		01/20/2023	MORGAN STANLEY CO		506,934	500,000	1,285	1.A
91282C-GH-8	UNITED STATES TREASURY		02/21/2023	Citigroup		291,164	300,000	667	1.A
0109999999. Subtotal - Bonds - U.S. Governments						798,098	800,000	1,952	XXX
13063D-3Q-9	CALIFORNIA ST		03/09/2023	WELLS FARGO SECURITIES LLC		528,235	500,000	0	1.C FE
0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions						528,235	500,000	0	XXX
848644-6M-7	SPOKANE CNTY WASH		03/27/2023	PIPER JAFFRAY		512,510	500,000	11,048	1.B FE
0709999999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						512,510	500,000	11,048	XXX
346609-LK-4	FORSYTH CNTY GA WTR & SEW AUTH REV		03/16/2023	PIPER JAFFRAY		419,355	450,000	4,250	1.A FE
88258M-AA-3	TEXAS NATURAL GAS SECURITIZATION FINANCE		03/15/2023	Citigroup		359,916	350,000	0	1.A FE
977100-HII-9	WISCONSIN ST GEN FD ANNUAL APPROPRIATION		01/25/2023	Jefferies		250,000	250,000	0	1.C FE
0909999999. Subtotal - Bonds - U.S. Special Revenues						1,029,271	1,050,000	4,250	XXX
2509999997. Total - Bonds - Part 3						2,868,113	2,850,000	17,250	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						2,868,113	2,850,000	17,250	XXX
4509999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3						0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	XXX
6009999999 - Totals						2,868,113	XXX	17,250	XXX

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..36179U-ZS-4	G2 MAB153 - RMBS		03/01/2023	Paydown		10,152	10,152	10,390	10,895	0	(543)	0	(543)	0	10,152	0	0	0	50	09/20/2049	1.A
..38380T-PZ-3	GNR 2016-173 CT - CMO/RMBS		03/01/2023	Paydown		7,209	7,209	7,292	7,226	0	(17)	0	(17)	0	7,209	0	0	0	36	10/20/2045	1.A
..912828-UN-8	UNITED STATES TREASURY		02/15/2023	Maturity @ 100.00		100,000	100,000	96,961	99,921	0	79	0	79	0	100,000	0	0	0	1,000	02/15/2023	1.A
0109999999. Subtotal - Bonds - U.S. Governments						117,361	117,361	114,643	117,842	0	(481)	0	(481)	0	117,361	0	0	0	1,086	XXX	XXX
..649791-CN-8	NEW YORK ST		03/01/2023	Maturity @ 100.00		250,000	250,000	271,835	250,442	0	(442)	0	(442)	0	250,000	0	0	0	5,863	03/01/2023	1.B FE
0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions						250,000	250,000	271,835	250,442	0	(442)	0	(442)	0	250,000	0	0	0	5,863	XXX	XXX
..3128MU-WV-8	FH G08659 - RMBS		03/01/2023	Paydown		1,786	1,786	1,775	1,769	0	18	0	18	0	1,786	0	0	0	11	08/01/2045	1.A
..3128PY-YP-3	FH J18818 - RMBS		03/01/2023	Paydown		1,421	1,421	1,451	1,431	0	(10)	0	(10)	0	1,421	0	0	0	6	04/01/2027	1.A
..31335A-BE-7	FH G60037 - RMBS		03/01/2023	Paydown		3,001	3,001	2,917	2,910	0	91	0	91	0	3,001	0	0	0	14	10/01/2043	1.A
..3133TH-V7-9	FHR 2113 OG - CMO/RMBS		03/01/2023	Paydown		1,268	1,268	1,363	1,334	0	(66)	0	(66)	0	1,268	0	0	0	13	01/15/2029	1.A
..403720-DZ-5	GWINNETT CNTY GA DEV AUTH REV		01/01/2023	Maturity @ 100.00		750,000	750,000	775,148	750,000	0	0	0	0	0	750,000	0	0	0	11,250	01/01/2023	1.A FE
..54627D-BV-2	LOUISIANA HSG CORP SINGLE FAMILY MTG REV		03/01/2023	Call @ 100.00		3,944	3,944	3,944	3,944	0	0	0	0	0	3,944	0	0	0	23	12/01/2038	1.A FE
..54627D-BW-0	LOUISIANA HSG CORP SINGLE FAMILY MTG REV		03/01/2023	Call @ 100.00		2,356	2,356	2,356	2,356	0	0	0	0	0	2,356	0	0	0	6	12/01/2038	1.A FE
..54627D-BX-8	LOUISIANA HSG CORP SINGLE FAMILY MTG REV		03/01/2023	Paydown		9,825	9,825	9,825	9,825	0	0	0	0	0	9,825	0	0	0	43	11/01/2038	1.A FE
0909999999. Subtotal - Bonds - U.S. Special Revenues						773,601	773,601	798,780	773,568	0	32	0	32	0	773,601	0	0	0	11,366	XXX	XXX
..12189L-AM-3	BURLINGTON NORTHERN SANTA FE LLC		03/15/2023	Maturity @ 100.00		100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	1,500	03/15/2023	1.6 FE
..172967-GL-9	CITIGROUP INC		03/01/2023	Maturity @ 100.00		250,000	250,000	249,408	249,989	0	11	0	11	0	250,000	0	0	0	4,219	03/01/2023	1.6 FE
..49327M-ZU-7	KEYBANK NA		03/07/2023	Maturity @ 100.00		250,000	250,000	249,955	249,999	0	1	0	1	0	250,000	0	0	0	4,219	03/07/2023	1.6 FE
..709599-AY-0	PENSKIE TRUCK LEASING CO LP		03/14/2023	Maturity @ 100.00		100,000	100,000	99,022	99,961	0	39	0	39	0	100,000	0	0	0	1,350	03/14/2023	2.B FE
..91324P-CC-4	UNITEDHEALTH GROUP INC		03/15/2023	Maturity @ 100.00		200,000	200,000	196,982	199,871	0	129	0	129	0	200,000	0	0	0	2,875	03/15/2023	1.F FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						900,000	900,000	895,367	899,820	0	180	0	180	0	900,000	0	0	0	14,163	XXX	XXX
2509999997. Total - Bonds - Part 4						2,040,961	2,040,961	2,080,624	2,041,672	0	(711)	0	(711)	0	2,040,961	0	0	0	32,477	XXX	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds						2,040,961	2,040,961	2,080,624	2,041,672	0	(711)	0	(711)	0	2,040,961	0	0	0	32,477	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals						2,040,961	XXX	2,080,624	2,041,672	0	(711)	0	(711)	0	2,040,961	0	0	0	32,477	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

E13

STATEMENT AS OF MARCH 31, 2023 OF THE ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]