



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Allmerica Financial Alliance Insurance Company

NAIC Group Code00880088NAIC Company Code10212Employer's ID Number04-3272695
(Current)(Prior)

Organized under the Laws ofNew Hampshire, State of Domicile or Port of EntryNH
Country of DomicileUnited States of America

Incorporated/Organized04/26/1995Commenced Business05/24/1995

Statutory Home Office4 Bedford Farms Drive, Suite 107Bedford, NH, US 03110-6528
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002508-853-7200
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address440 Lincoln StreetWorcester, MA, US 01653-0002
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002508-853-7200-8557928
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressWWW.HANOVER.COM

Statutory Statement ContactDennis M. Hazelwood508-853-7200-8557928
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OFFICERS

PresidentJohn Conner RocheVice President & TreasurerNathaniel William Clarkin

Senior Vice President & SecretaryCharles Frederick Cronin

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO
Williard Ty-Lunn Lee, Executive Vice President
Bryan James Salvatore, Executive Vice President

Dennis Francis Kerrigan Jr., Executive Vice President & Chief Legal Officer
David John Lovely #, Executive Vice President

Richard William Lavey, Executive Vice President
Denise Maureen Lowsley, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison Barnes
Dennis Francis Kerrigan Jr.
Denise Maureen Lowsley

Jeffrey Mark Farber
Williard Ty-Lunn Lee
John Conner Roche

Lindsay France Greenfield
David John Lovely
Bryan James Salvatore

State ofMassachusetts
County ofWorcester

SS

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

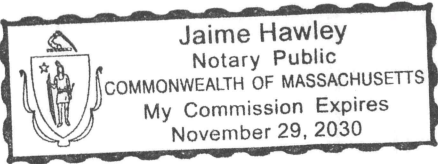
Charles Frederick Cronin
Senior Vice President & Secretary

Nathaniel William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this
4th day ofFebruary, 2025

Jaime L. Hawley
Notary
November 29, 2030

- 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.....



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	28,223,687	0	28,223,687	27,801,806
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
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 (\$ (10) , Schedule E - Part 1), cash equivalents (\$ 121,407 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	121,397	0	121,397	905,335
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivable for securities	55,700	0	55,700	26,775
10. Securities lending reinvested collateral assets (Schedule DL)	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)	28,400,784	0	28,400,784	28,733,916
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	209,486	0	209,486	216,299
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	7,511	0	7,511	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)	28,617,781	0	28,617,781	28,950,215
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	28,617,781	0	28,617,781	28,950,215
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	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))	0	1,305
7.2 Net deferred tax liability	25,914	21,072
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$117,626,480 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 (Schedule F, Part 3, Column 20)	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) (Schedule F, Part 3, Column 78)	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	2,407	13,393
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	2,735	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	31,056	35,770
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	31,056	35,770
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	5,000,000	5,000,000
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	14,000,000	14,000,000
35. Unassigned funds (surplus)	9,586,725	9,914,445
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$0)	0	0
36.2 .....0 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	28,586,725	28,914,445
38. TOTALS (Page 2, Line 28, Col. 3)	28,617,781	28,950,215
DETAILS OF WRITE-INS		
2501. Miscellaneous Liabilities	2,735	0
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)	2,735	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 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	0	0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	0	0
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0
7. Net income of protected cells	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	0	0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	972,429	658,042
10. Net realized capital gains (losses) less capital gains tax of \$ (21,025) (Exhibit of Capital Gains (Losses))	(102,097)	(6,077)
11. Net investment gain (loss) (Lines 9 + 10)	870,332	651,965
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$0)	0	0
13. Finance and service charges not included in premiums	0	0
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	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)	870,332	651,965
17. Dividends to policyholders	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)	870,332	651,965
19. Federal and foreign income taxes incurred	193,210	127,765
20. Net income (Line 18 minus Line 19)(to Line 22)	677,122	524,200
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	28,914,445	23,399,482
22. Net income (from Line 20)	677,122	524,200
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	(4,842)	(9,237)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0
31. Cumulative effect of changes in accounting principles	0	0
32. Capital changes:		
32.1 Paid in	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0
32.3 Transferred to surplus	0	0
33. Surplus adjustments:		
33.1 Paid in	0	5,000,000
33.2 Transferred to capital (Stock Dividend)	0	0
33.3 Transferred from capital	0	0
34. Net remittances from or (to) Home Office	0	0
35. Dividends to stockholders	(1,000,000)	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	(327,720)	5,514,963
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	28,586,725	28,914,445
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0
1401.	0	0
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	0	0
2. Net investment income	875,211	585,183
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	875,211	585,183
5. Benefit and loss related payments	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (21,025) tax on capital gains (losses)	181,001	130,000
10. Total (Lines 5 through 9)	181,001	130,000
11. Net cash from operations (Line 4 minus Line 10)	694,210	455,183
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,868,478	3,409,427
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	302	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,868,780	3,409,427
13. Cost of investments acquired (long-term only):		
13.1 Bonds	7,305,462	3,339,004
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	28,925	9,834
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,334,387	3,348,838
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,465,607)	60,590
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	49,714
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	4,290	0
16.6 Other cash provided (applied)	(8,251)	11,781
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(12,541)	61,495
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)	(783,938)	577,267
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	905,335	328,068
19.2 End of period (Line 18 plus Line 19.1)	121,397	905,335
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Bonds sold in settlement of intercompany dividend	(984,202)	0
20.0002. Accrued interest on bonds sold in settlement of intercompany dividend	(11,508)	0

Underwriting and Investment Exhibit - Part 1 - Premiums Earned

N O N E

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN						
Line of Business	1	Reinsurance Assumed		Reinsurance Ceded		6
	Direct Business (a)	2	3	4	5	Net Premiums Written Cols. 1+2+3-4-5
1. Fire	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0
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	0	0	0	0	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)	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0
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	0	0	0	0	0	0
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 (group and individual)	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	34,166,947	0	0	34,166,947	0	0
17.1 Other liability - occurrence	0	0	0	0	0	0
17.2 Other liability - claims-made	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	8,532,515	0	0	8,532,515	0	0
19.2 Other private passenger auto liability.....	92,075,805	0	0	92,075,805	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0
21.1 Private passenger auto physical damage	102,271,519	0	0	102,271,519	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0
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	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	237,046,786	0	0	237,046,786	0	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
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$ 0

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1	2	3	4				
	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire	0	0	0	0	0	0	0	0.0
2.1 Allied lines	0	0	0	0	0	0	0	0.0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0.0
2.3 Federal flood	0	0	0	0	0	0	0	0.0
2.4 Private crop	0	0	0	0	0	0	0	0.0
2.5 Private flood	0	0	0	0	0	0	0	0.0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril	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
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty	0	0	0	0	0	0	0	0.0
8. Ocean marine	0	0	0	0	0	0	0	0.0
9.1 Inland marine	0	0	0	0	0	0	0	0.0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0.0
10. Financial guaranty	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0.0
12. Earthquake	0	0	0	0	0	0	0	0.0
13.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0	0	0.0
13.2 Comprehensive (hospital and medical) group	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
15.1 Vision only	0	0	0	0	0	0	0	0.0
15.2 Dental only	0	0	0	0	0	0	0	0.0
15.3 Disability income	0	0	0	0	0	0	0	0.0
15.4 Medicare supplement	0	0	0	0	0	0	0	0.0
15.5 Medicaid Title XIX	0	0	0	0	0	0	0	0.0
15.6 Medicare Title XVIII	0	0	0	0	0	0	0	0.0
15.7 Long-term care	0	0	0	0	0	0	0	0.0
15.8 Federal employees health benefits plan	0	0	0	0	0	0	0	0.0
15.9 Other health	0	0	0	0	0	0	0	0.0
16. Workers' compensation	8,026,478	2	8,026,480	0	0	0	0	0.0
17.1 Other liability - occurrence	0	0	0	0	0	0	0	0.0
17.2 Other liability - claims-made	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence	0	0	0	0	0	0	0	0.0
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0.0
19.1 Private passenger auto no-fault (personal injury protection)	4,790,858	0	4,790,858	0	0	0	0	0.0
19.2 Other private passenger auto liability.....	60,391,348	0	60,391,348	0	0	0	0	0.0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0.0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0.0
21.1 Private passenger auto physical damage	58,063,988	0	58,063,988	0	0	0	0	0.0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0.0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0.0
23. Fidelity	0	0	0	0	0	0	0	0.0
24. Surety	0	0	0	0	0	0	0	0.0
26. Burglary and theft	0	0	0	0	0	0	0	0.0
27. Boiler and machinery	0	0	0	0	0	0	0	0.0
28. Credit	0	0	0	0	0	0	0	0.0
29. International	0	0	0	0	0	0	0	0.0
30. Warranty	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines	XXX	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
35. TOTALS	131,272,672	2	131,272,674	0	0	0	0	0.0
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
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	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
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0
9.1 Inland marine	0	0	0	0	0	0	0	0	0
9.2 Pet insurance plans	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0	0	(a)	0
13.2 Comprehensive (hospital and medical) group	0	0	0	0	0	0	0	(a)	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0
15.1 Vision only	0	0	0	0	0	0	0	(a)	0
15.2 Dental only	0	0	0	0	0	0	0	(a)	0
15.3 Disability income	0	0	0	0	0	0	0	(a)	0
15.4 Medicare supplement	0	0	0	0	0	0	0	(a)	0
15.5 Medicaid Title XIX	0	0	0	0	0	0	0	(a)	0
15.6 Medicare Title XVIII	0	0	0	0	0	0	0	(a)	0
15.7 Long-term care	0	0	0	0	0	0	0	(a)	0
15.8 Federal employees health benefits plan	0	0	0	0	0	0	0	(a)	0
15.9 Other health	0	0	0	0	0	0	0	(a)	0
16. Workers' compensation	13,065,182	5	13,065,187	0	10,945,821	4	10,945,825	0	0
17.1 Other liability - occurrence	0	0	0	0	0	0	0	0	0
17.2 Other liability - claims-made	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	0	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	2,924,584	0	2,924,584	0	1,505,933	0	1,505,933	0	0
19.2 Other private passenger auto liability	56,107,846	0	56,107,846	0	49,126,304	0	49,126,304	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	2,431,970	0	2,431,970	0	(733,621)	0	(733,621)	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX	0	0	0	0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	74,529,582	5	74,529,587	0	60,844,437	4	60,844,441	0	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
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ 0 for present value of life indemnity claims reported in Lines 13 and 15.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	8,081,535	0	0	8,081,535
1.2 Reinsurance assumed	0	0	0	0
1.3 Reinsurance ceded	8,081,535	0	0	8,081,535
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	0	0	0	0
2. Commission and brokerage:				
2.1 Direct excluding contingent	0	29,757,531	0	29,757,531
2.2 Reinsurance assumed, excluding contingent	0	0	0	0
2.3 Reinsurance ceded, excluding contingent	0	29,757,531	0	29,757,531
2.4 Contingent - direct	0	2,860,119	0	2,860,119
2.5 Contingent - reinsurance assumed	0	0	0	0
2.6 Contingent - reinsurance ceded	0	2,860,119	0	2,860,119
2.7 Policy and membership fees	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) ..	0	0	0	0
3. Allowances to managers and agents	0	0	0	0
4. Advertising	0	0	5	5
5. Boards, bureaus and associations	0	0	0	0
6. Surveys and underwriting reports	0	0	0	0
7. Audit of assureds' records	0	0	0	0
8. Salary and related items:				
8.1 Salaries	0	0	16,491	16,491
8.2 Payroll taxes	0	0	0	0
9. Employee relations and welfare	0	0	3,279	3,279
10. Insurance	0	0	0	0
11. Directors' fees	0	0	0	0
12. Travel and travel items	0	0	178	178
13. Rent and rent items	0	0	539	539
14. Equipment	0	0	3,903	3,903
15. Cost or depreciation of EDP equipment and software	0	0	0	0
16. Printing and stationery	0	0	25	25
17. Postage, telephone and telegraph, exchange and express	0	0	34	34
18. Legal and auditing	0	0	275	275
19. Totals (Lines 3 to 18)	0	0	24,729	24,729
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$0	0	0	0	0
20.2 Insurance department licenses and fees	0	0	0	0
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	0	0	0
21. Real estate expenses	0	0	0	0
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	0	0	21,263	21,263
25. Total expenses incurred	0	0	45,992 (a)	45,992
26. Less unpaid expenses - current year	0	0	0	0
27. Add unpaid expenses - prior year	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	45,992	45,992
DETAILS OF WRITE-INS				
2401. Custodial Fees	0	0	13,246	13,246
2402. Outside Data Processing	0	0	6,482	6,482
2403. Miscellaneous	0	0	1,535	1,535
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	0	0	21,263	21,263

(a) Includes management fees of \$ 26,439 to affiliates and \$ 6,307 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 279,826	..... 271,037
1.1	Bonds exempt from U.S. tax	(a) 25,982	..... 18,982
1.2	Other bonds (unaffiliated)	(a) 673,718	..... 686,198
1.3	Bonds of affiliates	(a) 0	..... 0
2.1	Preferred stocks (unaffiliated)	(b) 0	..... 0
2.11	Preferred stocks of affiliates	(b) 0	..... 0
2.2	Common stocks (unaffiliated) .....	..... 0	..... 0
2.21	Common stocks of affiliates .....	..... 0	..... 0
3.	Mortgage loans	(c) 0	..... 0
4.	Real estate	(d) 0	..... 0
5	Contract loans .....	..... 0	..... 0
6	Cash, cash equivalents and short-term investments	(e) 45,457	..... 41,954
7	Derivative instruments	(f) 0	..... 0
8.	Other invested assets .....	..... 0	..... 0
9.	Aggregate write-ins for investment income .....	..... 251	..... 251
10.	Total gross investment income	1,025,234	1,018,421
11.	Investment expenses		(g) 45,992
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income .....		..... 0
16.	Total deductions (Lines 11 through 15) .....		..... 45,992
17.	Net investment income (Line 10 minus Line 16)		972,429
DETAILS OF WRITE-INS			
0901.	Miscellaneous Investment Income .....	..... 251	..... 251
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	..... 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	251	251
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		..... 0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 114,485 accrual of discount less \$ 21,961 amortization of premium and less \$ 26,432 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 5,392 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(19,083)	0	(19,083)	0	0
1.1	Bonds exempt from U.S. tax	13,135	0	13,135	0	0
1.2	Other bonds (unaffiliated)	(117,476)	0	(117,476)	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	302	0	302	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(123,122)	0	(123,122)	0	0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)			
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Allmerica Financial Alliance Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the State of New Hampshire Insurance Department.

The State of New Hampshire Insurance Department 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 New Hampshire is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 677,122	\$ 524,200
(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>\$ 677,122</u>	<u>\$ 524,200</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 28,586,725	\$ 28,914,445
(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>\$ 28,586,725</u>	<u>\$ 28,914,445</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	\$	64,074
2. 12 Months or Longer	\$	262,284

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

1. Less than 12 Months	\$	2,422,115
2. 12 Months or Longer	\$	1,004,701

- (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)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
j. On deposit with states	\$ 6,886,230	\$ -	\$ -	\$ -	\$ 6,886,230	\$ 6,668,364	\$ 217,866
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
o. Total Restricted Assets (Sum of a through n)	\$ 6,886,230	\$ -	\$ -	\$ -	\$ 6,886,230	\$ 6,668,364	\$ 217,866

(a) Subset of Column 1

(b) Subset of Column 3

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ -	\$ 6,886,230	24.063%	24.063%
k. On deposit with other regulatory bodies	\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ 6,886,230	24.063%	24.063%

(c) Column 5 divided by Asset Page, Column 1, Line 28
(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

M., N., O., P.

Not applicable

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
1. Number of CUSIPs	1	0
2. Aggregate Amount of Investment Income	\$ 1,806	\$ -

R., S.

Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

A., B.

Not Applicable

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 209,486
2. Nonadmitted	\$ -
3. Admitted	\$ 209,486

D., E.

Not Applicable

NOTE 8 Derivative Instruments

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities	\$ -	\$ 25,914	\$ 25,914	\$ -	\$ 21,072	\$ 21,072	\$ -	\$ 4,842	\$ 4,842
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (25,914)	\$ (25,914)	\$ -	\$ (21,072)	\$ (21,072)	\$ -	\$ (4,842)	\$ (4,842)

2.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$4,291,896	XXX	XXX	\$4,340,328	XXX	XXX	\$ (48,432)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

3.

	2024	2023
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	13491%	13689%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$ 28,586,725	\$ 28,914,445

4. Tax Planning Strategies

a. There is no financial impact of the Company's tax planning strategies.	
b. Do the Company's tax-planning strategies include the use of reinsurance?	Yes [] No [X]

B. The Company does not have any deferred tax liabilities that are not recognized for amounts described in Accounting Standards Codification 740, Income Tax.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of Federal Income Tax Rate to Actual Effective Tax Rate

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	As of End of Current Period	
	Tax	Rate
Tax provision at statutory rate	\$ 178,354	21.0%
Tax exempt income deduction	\$ (2,240)	-0.3%
Return to provision & other	\$ 913	0.1%
Total	<u>\$ 177,027</u>	<u>20.8%</u>

	As of End of Current Period	
	Tax	Rate
Federal income taxes incurred	\$ 193,210	22.7%
Realized capital gains tax	\$ (21,025)	-2.5%
Change in net deferred income taxes	\$ 4,842	0.6%
Total statutory income taxes	<u>\$ 177,027</u>	<u>20.8%</u>

E. Operating Loss and Tax Credit Carryforwards

1. At the end of the current reporting period, the Company has no net operating loss carryforwards and no capital loss carryforwards.
2. The Company has the following federal income taxes which are available for recoupment in the event of future losses:

For the tax year 2023:

\$ 72,485

For the tax year 2024:

\$ 176,276
3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC

Opus Investment Management, Inc.

AIX, Inc.

Professionals Direct, Inc.

AIX Specialty Insurance Company

The Hanover American Insurance Company

Allmerica Financial Benefit Insurance Company

The Hanover Atlantic Insurance Company Ltd.

Allmerica Plus Insurance Agency, Inc.

The Hanover Casualty Company

Campania Holding Company, Inc.

The Hanover Insurance Company

Campmed Casualty & Indemnity Company, Inc.

The Hanover Insurance Group, Inc.

Citizens Insurance Company of America

The Hanover National Insurance Company

Citizens Insurance Company of Illinois

VeraVest Investments, Inc.

Citizens Insurance Company of Ohio

Verlan Fire Insurance Company

Citizens Insurance Company of the Midwest

Verlan Holdings, Inc.

Educators Insurance Agency, Inc.

Hanover Specialty Insurance Brokers, Inc.

Massachusetts Bay Insurance Company

NOVA Casualty Company
2. The Board of Directors has delegated to Company Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of The Hanover Insurance Group, Inc. ("THG") is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG's subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.
- G. The Company has no federal or foreign income tax loss contingencies, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

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 THG, a publicly traded company incorporated in Delaware.

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

On November 7, 2024, the Company declared an ordinary common stock dividend to the parent company, Hanover, which was settled on November 21, 2024, by transferring bonds at fair value of \$984,202, accrued interest of \$11,508 and cash in the amount of \$4,290. There were net realized losses in the amount of \$3,547 as a result of this transaction.

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

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$2,407 as amounts payable to an affiliate company. These arrangements require that intercompany balances be settled within 30 days.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

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.

Opus provided investment-related services under an intercompany Advisory Agreement until June 3, 2024, when the agreement was officially canceled.

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 10,000 shares of \$500 par value common stock authorized and 10,000 shares issued and outstanding.

B. Dividend Rate of Preferred Stock

Not applicable

(C-F) Dividend Restrictions

Pursuant to New Hampshire's statue, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the New Hampshire Insurance Commissioner, is limited to the lesser of 10% of statutory policyholder surplus as of the preceding December 31, or net income. The Company declared an ordinary dividend of \$1,000,000 to Hanover, on November 7, 2024. Subsequent to November 7, 2025, the maximum dividend payable without prior approval is \$779,218.

(G-M)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

The Company routinely engages in various legal proceedings in the normal course of business, including claims for punitive damages. In the opinion of management, none of such contingencies are expected to have a material effect on the Company's financial position, although it is possible that the results of operations in a particular quarter or annual period would be materially affected by an adverse development or unfavorable outcome.

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

NOTES TO FINANCIAL STATEMENTS

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 are no wash sale transactions with a NAIC designation of 3 or below in the current year.

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 fair value 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

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	\$ 26,594,749	\$ 28,223,687	\$ 5,563,817	\$ 21,030,932	\$ -	\$ -	\$ -
Cash and Short-Term Investments	\$ 121,396	\$ 121,396	\$ 121,396	\$ -	\$ -	\$ -	\$ -

D., E.

Not applicable

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

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Members of a Group			
Group Code	ID Number	Reinsurer Name	Unsecured Amount
88	13-5129825	THE HANOVER INSURANCE COMPANY	\$ 272,954,000

B. Reinsurance Recoverable in Dispute

Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

C. Reinsurance Assumed and Ceded

(1) The following table summarizes ceded and assumed unearned premiums and the related commissions equity at the end of the current reporting period:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ -	\$ -	\$ 117,626,480	\$ -	\$(117,626,480)	\$ -
b. All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Total (a+b)	\$ -	\$ -	\$ 117,626,480	\$ -	\$(117,626,480)	\$ -
d. Direct Unearned Premium Reserve						\$ 117,626,480

(2) Not applicable

(3) Not applicable

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

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2024
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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, 1A, 2 and 3.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

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

1.3

State Regulating?

NH

1.4

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

Yes [X] No []

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000944695

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 [X]

2.2

If yes, date of change:

3.1

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

12/31/2019

3.2

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

3.3

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).

04/01/2021

3.4

By what department or departments?
New Hampshire Department of Insurance

3.5

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 [X]

3.6

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

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

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

5.2

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

6.1

Has the 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 [X]

6.2

If yes, give full information
.....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.0 %

1 Nationality	2 Type of Entity
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Julie Frechette, Assitant Vice President and Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value\$0
- 12.2 If yes, provide explanation
.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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? Yes [X] No []
- 14.1a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1c. Compliance with applicable governmental laws, rules and regulations;
- 14.1d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- 14.1e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$0

20.12 To stockholders not officers.....\$0

20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....\$0

20.22 To stockholders not officers.....\$0

20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....\$0

21.22 Borrowed from others.....\$0

21.23 Leased from others\$0

21.24 Other\$0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$0

22.22 Amount paid as expenses\$0

22.23 Other amounts paid\$0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
None- SEC lending program has been discontinued

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states \$ 6,886,230

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to
an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets
backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		0

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

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

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

29. 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 []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

29.02 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)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 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. This includes both primary and sub-advisors. 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
Wellington Funds (US) LLC	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With Securities Exchange Commission	5 Investment Management Agreement (IMA) Filed
288313	Wellington Funds (US) LLC	5493007617BARIMGYJ883	NO.....	

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	0
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	0	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	28,223,687	26,594,749	(1,628,938)
31.2 Preferred stocks	0	0	0
31.3 Totals	28,223,687	26,594,749	(1,628,938)

31.4 Describe the sources or methods utilized in determining the fair values:
Fair values 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 analysis.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

36. 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]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [☒]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [☒]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums
.....

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....0
- 41.1 Amount of payments for legal expenses, if any?\$0
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....0
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U. S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

0

0

2.2

Premium Denominator

0

0

2.3

Premium Ratio (2.1/2.2)

0.000

0.000

2.4

Reserve Numerator

0

0

2.5

Reserve Denominator

0

0

2.6

Reserve Ratio (2.4/2.5)

0.000

0.000

3.1

Did the reporting entity issue participating policies during the calendar year?

Yes [X] No []

3.2

If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:

3.21

Participating policies

\$ 361,969

3.22

Non-participating policies

\$ 236,684,817

4.

For mutual reporting Entities and Reciprocal Exchanges only:

4.1

Does the reporting entity issue assessable policies?

Yes [] No [X]

4.2

Does the reporting entity issue non-assessable policies?

Yes [] No [X]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

% 0.0

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

\$ 0

5.

For Reciprocal Exchanges Only:

5.1

Does the Exchange appoint local agents?

Yes [] No [X]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [] No [] N/A []

5.22

As a direct expense of the exchange

Yes [] No [] N/A []

5.3

What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [] No []

5.5

If yes, give full information

16

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
The Company cedes 100% of its business to The Hanover Insurance Company (Hanover). Hanover maintains workers' compensation coverage under its casualty excess of loss reinsurance agreement.

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
The Company uses multiple models including RMS RiskLink v24 and Verisk/AIR Touchstone v10.1 Catastrophe Modeling software packages to estimate the Company's probable maximum loss. These exposures are a combination of personal and commercial property risks. The major concentration of losses is in the Northeast.

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
The Company cedes 100% to the Hanover Insurance Company.

Effective July 1, 2024, we have property catastrophe reinsurance protection up to \$1.9 billion, less a \$200 million with no co-participation for Northeast named storm events. A portion of this coverage is secured through reinsurance agreements supported by catastrophe bonds. This portion contributes reinsurance coverage for Northeast named storms events only. For events other than Northeast named storms, the property catastrophe occurrence excess of loss reinsurance program provides coverage up to \$1.6 billion, less a \$200 million retention, with no co-participation.

We have catastrophe protection through two per occurrence excess of loss reinsurance agreements with Commonwealth Re Ltd. ("Commonwealth Re"), an independent company, licensed as a Special Purpose Insurer in Bermuda. The coverage under the reinsurance agreements is limited to specified personal and commercial property coverage written in the following geographies in the United States: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia and all waters contiguous thereto. Coverage is provided for catastrophe losses from named tropical storms or hurricanes, including all events or perils directly resulting from such storm or storm system, which may include, by way of example and not limitation, hurricane, wind, gusts, typhoon, hail, rain, tornadoes, cyclones, ensuing flood, storm surge, water damage, fire following, sprinkler leakage, riots, vandalism, and collapse. The reinsurance agreements meet the requirements to be accounted for as reinsurance in accordance with the guidance for reinsurance contracts. In connection with these two reinsurance agreements, effective July 1, 2023 ("2023 Agreement") and July 1, 2022 ("2022 Agreement"), Commonwealth Re issued notes (generally referred to as "catastrophe bonds") to unrelated investors for an aggregate principal amount of \$300.0 million, consistent with the amount of coverage provided under the reinsurance agreements as described below. The proceeds have been deposited in a reinsurance trust account.

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?

Yes

☐

No

☒

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss
The Company cedes 100% of its business to The Hanover Insurance Company.

7.1

Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?

Yes

☐

No

☒

7.2

If yes, indicate the number of reinsurance contracts containing such provisions.

0

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes

☐

No

☐

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes

☐

No

☒

8.2

If yes, give full information

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.

Yes

☐

No

☒

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes

☐

No

☒

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes

☐

No

☒

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

- 9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

(a) The entity does not utilize reinsurance; or,

(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or

(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes

[

]

No

[

X

]
10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes

[

X

]

No

[

]

N/A

[

]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1Has the reporting entity guaranteed policies issued by any other entity and now in force?Yes [] No [X]

11.2If yes, give full information
.....

12.1If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11Unpaid losses\$0

12.12Unpaid underwriting expenses (including loss adjustment expenses)\$0

12.2Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds.\$0

12.3If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?Yes [] No [X] N/A []

12.4If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41From0.0 %

12.42To.....0.0 %

12.5Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves , including unpaid losses under loss deductible features of commercial policies?Yes [] No [X]

12.6If yes, state the amount thereof at December 31 of the current year:

12.61Letters of Credit\$0

12.62Collateral and other funds.....\$0

13.1Largest net aggregate amount insured in any one risk (excluding workers' compensation):\$0

13.2Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?Yes [] No [X]

13.3State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.0

14.1Is the company a cedant in a multiple cedant reinsurance contract?Yes [] No [X]

14.2If yes, please describe the method of allocating and recording reinsurance among the cedants:
.....

14.3If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?Yes [] No []

14.4If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?Yes [] No []

14.5If the answer to 14.4 is no, please explain:
.....

15.1Has the reporting entity guaranteed any financed premium accounts?Yes [] No [X]

15.2If yes, give full information
.....

16.1Does the reporting entity write any warranty business?Yes [] No [X]
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	0	0	0	0	0
16.12 Products	0	0	0	0	0
16.13 Automobile	0	0	0	0	0
16.14 Other*	0	0	0	0	0

* Disclose type of coverage:

.....

17.1Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance?Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance\$0

17.12Unfunded portion of Interrogatory 17.11\$0

17.13Paid losses and loss adjustment expenses portion of Interrogatory 17.11...\$0

17.14Case reserves portion of Interrogatory 17.11\$0

17.15Incurred but not reported portion of Interrogatory 17.11\$0

17.16Unearned premium portion of Interrogatory 17.11\$0

17.17Contingent commission portion of Interrogatory 17.11\$0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 18.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 18.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$0
- 18.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 18.4

If yes, please provide the balance of funds administered as of the reporting date.

\$0
19.

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

Yes [☒] No [☐]
- 19.1

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 [☐]

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2024	2 2023	3 2022	4 2021	5 2020
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11, 16, 17, 18 & 19)	134,775,267	126,472,863	114,532,390	100,561,582	98,962,304
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	102,271,519	88,725,328	76,264,110	62,993,890	59,982,238
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	237,046,786	215,198,191	190,796,500	163,555,472	158,944,542
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11, 16, 17, 18 & 19)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain (loss) (Line 11)	870,332	651,965	469,223	490,525	557,836
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	193,210	127,765	100,851	104,547	122,398
18. Net income (Line 20)	677,122	524,200	368,372	385,978	435,438
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	28,617,781	28,950,215	23,417,703	20,044,718	19,668,010
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	31,056	35,770	18,221	19,160	33,989
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	28,586,725	28,914,445	23,399,482	20,025,558	19,634,021
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	694,210	455,183	376,587	395,421	415,972
Risk-Based Capital Analysis					
28. Total adjusted capital	28,586,725	28,914,445	23,399,482	20,025,558	19,634,021
29. Authorized control level risk-based capital	211,889	211,225	167,470	153,836	97,190
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	99.4	96.8	98.5	98.1	99.0
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	0.4	3.2	1.4	1.9	1.0
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.2	0.1	0.1	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	0	0	0	0	0
52. Dividends to stockholders (Line 35)	(1,000,000)	0	0	0	(400,000)
53. Change in surplus as regards policyholders for the year (Line 38)	(327,720)	5,514,963	3,373,924	391,537	45,568
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11, 16, 17, 18 & 19)	73,208,686	67,137,529	58,847,913	46,715,536	54,339,852
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	58,063,988	65,378,673	49,808,948	34,741,214	31,090,965
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	131,272,674	132,516,202	108,656,861	81,456,750	85,430,817
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11, 16, 17, 18 & 19)	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	0	0	0	0	0
Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3)	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	0.0	0.0
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0).....	0.0	0.0	0.0	0.0	0.0
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain:



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088			BUSINESS IN THE STATE OF Alabama			DURING THE YEAR 2024					NAIC Company Code 10212		
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											
Fire	0	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0	
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	400	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	172,849	150,537	0	51,012	4,423	18,769	39,275	900	7,903	13,725	18,403	32,465	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0	
Credit	0	0	0	0	0	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	172,849	150,537	0	51,012	4,423	18,769	39,275	900	7,903	13,725	18,403	32,865	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 through 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 \$ 167
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	157	157	0	0	0	26	26	0	7	7	17	2,469
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	157	157	0	0	0	26	26	0	7	7	17	2,469
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 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	418,846	418,894	0	161,931	125,621	223,540	200,198	6,185	17,891	36,449	44,036	14,999
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	418,846	418,894	0	161,931	125,621	223,540	200,198	6,185	17,891	36,449	44,036	14,999
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 through 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 \$ 1,813
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Arkansas				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	164,251	188,620	0	55,971	98,696	63,345	109,731	11,268	662	18,737	16,815	34,594
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	164,251	188,620	0	55,971	98,696	63,345	109,731	11,268	662	18,737	16,815	34,594
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 684
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2024								NAIC Company Code 10212	
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	305,869	348,147	0	77,750	324,133	(359,234)	155,801	12,643	15,792	32,202	31,886	7,733
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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	(66)	32	0	(11)	10	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	305,869	348,147	0	77,750	324,133	(359,300)	155,833	12,643	15,781	32,212	31,886	7,733
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 through 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 \$ 1,371
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	871,909	851,312	0	352,960	143,482	62,422	563,158	17,048	35,165	145,865	92,280	37,861
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	871,909	851,312	0	352,960	143,482	62,422	563,158	17,048	35,165	145,865	92,280	37,861
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 through 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 \$ 1,836
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Delaware				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	554,991	542,893	0	149,986	33,000	(11,467)	20,731	12,955	13,949	3,407	54,370	29,795
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	554,991	542,893	0	149,986	33,000	(11,467)	20,731	12,955	13,949	3,407	54,370	29,795
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 367
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	827,321	680,746	0	419,511	51,478	105,240	202,964	7,025	28,219	39,993	83,273	27,965
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	827,321	680,746	0	419,511	51,478	105,240	202,964	7,025	28,219	39,993	83,273	27,965
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 1,011
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	0	0	0	0	0	0	0	0	0	0	0	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 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2024						NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	2,422,396	2,277,243	0	986,952	197,695	411,781	672,226	54,554	119,488	175,142	251,258	123,929
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	(1)	0	0	4,756	(28,672)	146,153	7,429	(27,307)	19,477	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	(1)	0	0	(1,035)	(1,202)	2,405	0	(99)	15	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	2,422,396	2,277,241	0	986,952	201,416	381,907	820,784	61,983	92,082	194,634	251,258	123,929
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 6,308
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2024						NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	0	0	0	0	0	(5)	10	0	(1)	5	0	645
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	0	0	0	0	0	(5)	10	0	(1)	5	0	645
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	6,084	6,158	0	2,663	0	1,805	3,432	0	975	1,596	618	2,749
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	6,084	6,158	0	2,663	0	1,805	3,432	0	975	1,596	618	2,749
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 through 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 \$ 24
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2024

NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	1,739,922	1,679,879	0	717,375	1,197,076	700,547	1,286,106	75,172	9,984	182,194	179,857	27,186
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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	33,834,981	35,031,133	0	16,678,684	22,466,426	19,802,123	36,267,960	985,402	1,657,612	4,542,847	4,488,179	530,144
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	35,469,262	35,605,113	0	17,563,699	20,692,385	19,667,479	400,116	863	4,816	39,639	4,724,868	554,880
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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	71,044,165	72,316,125	0	34,959,758	44,355,887	40,170,149	37,954,182	1,061,437	1,672,412	4,764,680	9,392,904	1,112,210
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 through 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 \$ 437,925

(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Indiana				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	1,324,884	1,246,076	0	513,304	303,658	764,847	802,907	6,510	22,355	93,931	138,530	(42,162)
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	1,324,884	1,246,076	0	513,304	303,658	764,847	802,907	6,510	22,355	93,931	138,530	(42,162)
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 2,567
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Iowa				DURING THE YEAR 2024				NAIC Company Code 10212			
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											
Fire	0	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0	
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	300	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	123,117	98,484	0	49,790	21,327	109,266	101,080	3,357	14,984	15,150	12,776	6,401	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0	
Credit	0	0	0	0	0	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	123,117	98,484	0	49,790	21,327	109,266	101,080	3,357	14,984	15,150	12,776	6,701	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 through 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 \$ 95
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	42,141	35,904	0	17,506	(1,825)	35,229	116,244	7,602	8,322	3,209	4,361	(13,591)
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	42,141	35,904	0	17,506	(1,825)	35,229	116,244	7,602	8,322	3,209	4,361	(13,591)
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 through 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 \$ 132
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	182,003	175,594	0	51,912	126,100	5,783	1,183,741	22,408	24,399	23,500	18,899	40,887
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	182,003	175,594	0	51,912	126,100	5,783	1,183,741	22,408	24,399	23,500	18,899	40,887
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 through 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 \$ 976
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Louisiana				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	171,970	171,449	0	77,651	266,438	264,424	41,585	14,904	13,402	12,125	18,069	34,730
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	171,970	171,449	0	77,651	266,438	264,424	41,585	14,904	13,402	12,125	18,069	34,730
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 582
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	164,735	191,296	0	46,857	9,324	39,580	71,780	204	8,333	20,888	17,717	23,731
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	164,735	191,296	0	46,857	9,324	39,580	71,780	204	8,333	20,888	17,717	23,731
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 through 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 \$ 99
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2024							NAIC Company Code 10212	
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	1,244,195	1,147,819	0	551,417	159,299	658,149	682,968	13,526	71,988	96,479	123,496	37,462
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	1,244,195	1,147,819	0	551,417	159,299	658,149	682,968	13,526	71,988	96,479	123,496	37,462
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 2,821
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	56,754	80,193	0	17,081	11,014	46,302	83,780	431	2,415	13,211	5,973	77,380
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	56,754	80,193	0	17,081	11,014	46,302	83,780	431	2,415	13,211	5,973	77,380
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 through 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 \$ 160
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	3,205,760	2,963,381	0	1,064,801	412,658	1,764,084	2,715,470	82,612	213,075	407,081	347,678	143,082
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	3,205,760	2,963,381	0	1,064,801	412,658	1,764,084	2,715,470	82,612	213,075	407,081	347,678	143,082
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 8,655
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Minnesota				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	(9)	1,478
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	0	0	0	0	0	0	0	0	0	0	(9)	1,478
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	53,347	45,333	0	19,700	0	3,540	8,487	0	1,242	2,908	5,501	2,936
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	53,347	45,333	0	19,700	0	3,540	8,487	0	1,242	2,908	5,501	2,936
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 144
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2024						NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	276,830	246,863	0	63,497	77,865	124,426	175,859	10,963	20,089	13,302	28,563	17,966
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	276,830	246,863	0	63,497	77,865	124,426	175,859	10,963	20,089	13,302	28,563	17,966
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 152
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	(1,872)	752	0	2,634	0	(3,753)	1,987	0	(1,587)	605	(61)	1,974
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	(1,872)	752	0	2,634	0	(3,753)	1,987	0	(1,587)	605	(61)	1,974
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 through 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 \$ 37
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	5,987	5,560	0	1,389	0	407	1,453	0	126	385	620	4,059
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	5,987	5,560	0	1,389	0	407	1,453	0	126	385	620	4,059
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 through 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 \$ 21
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	262,211	406,623	0	49,375	94,915	127,077	185,215	21,998	31,174	29,065	28,513	4,120
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	262,211	406,623	0	49,375	94,915	127,077	185,215	21,998	31,174	29,065	28,513	4,120
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 through 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 \$ 367
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF New Hampshire				DURING THE YEAR 2024				NAIC Company Code 10212			
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											
Fire	0	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0	
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	1,185,604	1,108,813	0	471,734	273,723	537,479	715,505	8,548	75,513	143,824	126,797	23,663	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0	
Credit	0	0	0	0	0	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	1,185,604	1,108,813	0	471,734	273,723	537,479	715,505	8,548	75,513	143,824	126,797	23,663	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 through 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 \$ 3,206
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	495,314	503,374	0	173,106	110,678	14,518	479,687	47,027	51,111	71,601	51,788	24,142
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	22	22	0	0	0	12	12	0	2	2	91,871	1
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	495,336	503,396	0	173,106	110,678	14,530	479,699	47,027	51,113	71,603	143,659	24,143
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$2,357
(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 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2024						NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	300
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	29,960	27,488	0	8,097	0	2,534	6,168	0	926	2,182	3,123	7,170
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	29,960	27,488	0	8,097	0	2,534	6,168	0	926	2,182	3,123	7,470
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 187
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF New York				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	4,708,764	4,946,509	0	1,907,345	1,477,817	2,593,685	7,851,388	130,324	348,377	647,529	496,694	103,321
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	8,532,515	7,782,183	0	4,442,175	4,790,858	5,480,669	4,430,516	598,794	852,477	919,176	1,283,546	186,172
Other Private Passenger Auto Liability	48,101,883	42,893,401	0	25,344,056	30,352,983	31,160,727	58,331,724	2,459,088	3,342,556	6,736,034	7,123,767	1,049,574
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	54,925,642	47,222,485	0	28,747,347	30,929,358	30,041,285	1,144,223	7,847	18,564	44,476	8,306,388	1,198,559
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	116,268,804	102,844,578	0	60,440,923	67,551,016	69,276,366	71,757,851	3,196,053	4,561,974	8,347,215	17,210,395	2,537,626
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 700,909
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF North Carolina				DURING THE YEAR 2024				NAIC Company Code 10212			
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											
Fire	0	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0	
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	2,548,814	2,493,128	0	1,007,116	240,403	480,573	868,564	22,791	82,108	200,847	260,925	121,734	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0	
Credit	0	0	0	0	0	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	2,548,814	2,493,128	0	1,007,116	240,403	480,573	868,564	22,791	82,108	200,847	260,925	121,734	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 through 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 \$ 9,282
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (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	774
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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	50
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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	0	0	0	0	0	0	0	0	0	0	0	824
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 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2024								NAIC Company Code 10212	
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (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	2,276
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	0	0	0	0	0	0	0	0	0	0	0	2,276
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 through 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 \$ 31
(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 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	56,916	43,652	0	25,182	0	2,586	9,660	0	1,617	3,749	6,080	21,014
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	56,916	43,652	0	25,182	0	2,586	9,660	0	1,617	3,749	6,080	21,014
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 103
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	122,531	98,185	0	54,737	19,730	41,724	61,800	2,018	14,058	27,139	12,502	2,140
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	122,531	98,185	0	54,737	19,730	41,724	61,800	2,018	14,058	27,139	12,502	2,140
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 through 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 \$ 639

(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	1,047,548	946,743	0	404,821	563,984	735,055	492,695	36,955	59,999	75,768	108,762	48,088
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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	30	30	0	0	0	0	0	0	0	0	6	2
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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	1,047,578	946,773	0	404,821	563,984	735,055	492,695	36,955	59,999	75,768	108,768	48,090
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 through 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 \$ 1,849
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088			BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2024				NAIC Company Code 10212		
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
		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
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Marine Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	139,813	136,567	0	48,342	116,188	330,297	290,837	15,485	27,441	29,589	14,721	9,973
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	139,813	136,567	0	48,342	116,188	330,297	290,837	15,485	27,441	29,589	14,721	9,973
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 399
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	1,135,049	1,133,550	0	444,532	260,266	250,487	392,475	21,590	41,182	82,426	116,487	55,647
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	1,135,049	1,133,550	0	444,532	260,266	250,487	392,475	21,590	41,182	82,426	116,487	55,647
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$2,928
(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 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF South Dakota				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	3,048	3,017	0	956	0	389	708	0	102	189	480	12,603
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	3,048	3,017	0	956	0	389	708	0	102	189	480	12,603
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	450
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	1,213,213	1,159,912	0	477,470	291,183	(41,027)	587,333	50,356	51,388	99,382	124,535	32,828
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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	10,139,607	10,629,096	0	5,092,195	7,138,594	6,051,478	10,316,464	295,389	548,309	1,360,804	1,383,120	272,571
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	11,877,106	11,137,635	0	5,992,560	6,425,460	5,983,121	152,382	5,317	7,529	12,658	1,653,922	319,273
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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	23,229,926	22,926,643	0	11,562,225	13,855,237	11,993,572	11,056,179	351,062	607,226	1,472,844	3,161,577	625,122
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 through 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 \$ 118,133
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2024						NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	1,815,663	2,024,736	0	745,391	204,739	237,169	772,697	73,904	101,858	198,855	191,976	72,997
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	1,815,663	2,024,736	0	745,391	204,739	237,169	772,697	73,904	101,858	198,855	191,976	72,997
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 8,085
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 10212

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
9.1 Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made	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
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation	101,622	131,783	0	55,167	3,327	50,015	88,937	1,193	2,261	16,702	10,688	2,361
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
18.1 Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made	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
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a)	101,622	131,783	0	55,167	3,327	50,015	88,937	1,193	2,261	16,702	10,688	2,361
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 through 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 \$ 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.



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	897,265	459,291	0	595,391	52,741	67,001	247,132	5,458	33,249	56,574	96,240	37,597
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	897,265	459,291	0	595,391	52,741	67,001	247,132	5,458	33,249	56,574	96,240	37,597
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 through 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 \$ 480
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Virginia			DURING THE YEAR 2024					NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	3,873,814	3,855,324	0	1,773,106	736,029	954,909	1,647,794	59,603	132,496	273,185	396,900	113,274
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	(718)	55,481	0	0	428,589	(119,837)	171,805	15,248	(29,898)	36,999	(134)	102
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	(491)	29,673	0	0	17,820	8,284	(777)	0	(233)	86	(71)	56
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	3,872,605	3,940,478	0	1,773,106	1,182,438	843,356	1,818,822	74,851	102,365	310,270	396,695	113,432
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 5,018
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Washington				DURING THE YEAR 2024				NAIC Company Code 10212		
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	500
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	0	0	0	0	0	0	0	0	0	0	0	500
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2024					NAIC Company Code 10212			
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										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	67,068	50,887	0	33,209	0	6,982	13,094	0	1,252	3,041	6,860	9,621
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
Total (a)	67,068	50,887	0	33,209	0	6,982	13,094	0	1,252	3,041	6,860	9,621
DETAILS OF WRITE-INS												
.....												
.....												
.....												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 110
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	128,284	158,486	0	37,041	19,293	24,601	58,317	282	1,926	21,667	13,190	21,691
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	128,284	158,486	0	37,041	19,293	24,601	58,317	282	1,926	21,667	13,190	21,691
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 through 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 \$ 188
(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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (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	930
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	0	0	0	0	0	0	0	0	0	0	0	930
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 through 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 products0 and number of persons insured under indemnity only products0 .

19.WY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 10212

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		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
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
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	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
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	1,450
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	34,166,947	33,241,358	0	13,765,768	8,026,478	11,445,107	24,011,005	857,799	1,707,215	3,335,410	3,562,187	1,407,187
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
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	8,532,515	7,782,183	0	4,442,175	4,790,858	5,480,669	4,430,516	598,794	852,477	919,176	1,283,546	186,172
19.2	Other Private Passenger Auto Liability	92,075,805	88,609,162	0	47,114,935	60,391,348	56,865,765	105,234,150	3,762,556	5,491,263	12,696,173	13,086,809	1,852,444
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	102,271,519	93,994,905	0	52,303,606	58,063,988	55,698,967	1,698,349	14,027	30,577	96,874	14,685,107	2,072,768
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
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	237,046,786	223,627,608	0	117,628,484	131,272,672	129,490,508	135,374,020	5,233,176	8,081,532	17,047,633	32,617,649	5,520,021
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 through 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 \$ 1,322,887
(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

Schedule F - Part 1 - Assumed Reinsurance

N O N E

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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		237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					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
2299999. Total Unauthorized - Affiliates					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
3299999. Total Certified - Affiliates - U.S. Non-Pool					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
3699999. Total Certified - Affiliates					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
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					237,047	0	0	74,530	3,216	60,844	16,738	117,626	0	272,954	0	0	272,954	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	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	0	272,954	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	272,954	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	272,954	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	0	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	272,954	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	0	272,954	0	0	0	0	0	0	0	XXX	0	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	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	0	XXX	0	0
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	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	0	XXX	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	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	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	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	0	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	XXX	0	0	272,954	0	0	0	0	0	0	0	XXX	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	0	XXX	0	0	272,954	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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 in Dispute 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	42 Total Overdue Cols. 38+39 +40+41											
13-5129825 ... THE HANOVER INSURANCE COMPANY		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	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	0.0	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	0.0	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	0.0	XXX	0
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	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	0.0	XXX	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	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	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)		67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67	
		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)											
13-5129825 ..	THE HANOVER INSURANCE COMPANY	XXX.....	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
0499999. Total Authorized - Affiliates - U.S. Non-Pool				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
0899999. Total Authorized - Affiliates				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
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				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
2299999. Total Unauthorized - Affiliates				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
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	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	XXX	XXX	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates				XXX	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	XXX	XXX	0	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	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 and Reciprocal Jurisdiction 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
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	XXX	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
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	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	THE HANOVER INSURANCE COMPANY	272,954	237,047	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.

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)	28,400,784	0	28,400,784
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	216,997	0	216,997
6. Net amount recoverable from reinsurers	0	272,954,000	272,954,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	28,617,781	272,954,000	301,571,781
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	155,328,000	155,328,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	25,914	0	25,914
11. Unearned premiums (Line 9)	0	117,626,000	117,626,000
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	5,142	0	5,142
19. Total liabilities excluding protected cell business (Line 26)	31,056	272,954,000	272,985,056
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	28,586,725	XXX	28,586,725
22. Totals (Line 38)	28,617,781	272,954,000	301,571,781

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

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	33.....	33.....	18.....	18.....	3.....	3.....	0.....	0.....	XXX.....
2. 2015.....	119,646.....	119,646.....	0.....	78,315.....	78,315.....	2,911.....	2,911.....	14,429.....	14,429.....	0.....	0.....	XXX.....
3. 2016.....	130,691.....	130,691.....	0.....	91,952.....	91,952.....	3,637.....	3,637.....	15,913.....	15,913.....	0.....	0.....	XXX.....
4. 2017.....	142,783.....	142,783.....	0.....	100,319.....	100,319.....	4,251.....	4,251.....	16,528.....	16,528.....	0.....	0.....	XXX.....
5. 2018.....	155,775.....	155,775.....	0.....	107,011.....	107,011.....	4,573.....	4,573.....	15,791.....	15,791.....	0.....	0.....	XXX.....
6. 2019.....	165,773.....	165,773.....	0.....	99,470.....	99,470.....	4,248.....	4,248.....	16,011.....	16,011.....	0.....	0.....	XXX.....
7. 2020.....	161,485.....	161,485.....	0.....	70,286.....	70,286.....	2,495.....	2,495.....	13,456.....	13,456.....	0.....	0.....	XXX.....
8. 2021.....	161,276.....	161,276.....	0.....	82,552.....	82,552.....	2,691.....	2,691.....	13,189.....	13,189.....	0.....	0.....	XXX.....
9. 2022.....	177,352.....	177,352.....	0.....	104,328.....	104,328.....	2,311.....	2,311.....	14,087.....	14,087.....	0.....	0.....	XXX.....
10. 2023.....	206,114.....	206,114.....	0.....	106,797.....	106,797.....	1,627.....	1,627.....	16,036.....	16,036.....	0.....	0.....	XXX.....
11. 2024.....	223,628.....	223,628.....	0.....	77,974.....	77,974.....	415.....	415.....	15,467.....	15,467.....	0.....	0.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	919,036.....	919,036.....	29,175.....	29,175.....	150,910.....	150,910.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	871	871	101	101	0	0	88	88	162	162	0	0	152
2. 2015.....	854	854	44	44	64	64	9	9	3	3	0	0	4
3. 2016.....	820	820	84	84	40	40	20	20	8	8	0	0	11
4. 2017.....	857	857	149	149	43	43	55	55	15	15	0	0	18
5. 2018.....	2,281	2,281	413	413	153	153	142	142	18	18	0	0	24
6. 2019.....	6,427	6,427	872	872	293	293	246	246	43	43	0	0	55
7. 2020.....	3,033	3,033	1,121	1,121	156	156	401	401	30	30	0	0	39
8. 2021.....	7,413	7,413	2,463	2,463	603	603	947	947	74	74	0	0	93
9. 2022.....	9,434	9,434	6,346	6,346	603	603	1,713	1,713	154	154	0	0	200
10. 2023.....	18,822	18,822	14,125	14,125	691	691	3,934	3,934	405	405	0	0	537
11. 2024.....	23,718	23,718	35,125	35,125	568	568	6,278	6,278	1,996	1,996	0	0	3,110
12. Totals.....	74,530	74,530	60,844	60,844	3,216	3,216	13,832	13,832	2,906	2,906	0	0	4,243

	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. 2015.....	96,628.....	96,628.....	0.....	80.8.....	80.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	112,474.....	112,474.....	0.....	86.1.....	86.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	122,217.....	122,217.....	0.....	85.6.....	85.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	130,381.....	130,381.....	0.....	83.7.....	83.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	127,610.....	127,610.....	0.....	77.0.....	77.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	90,977.....	90,977.....	0.....	56.3.....	56.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	109,932.....	109,932.....	0.....	68.2.....	68.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	138,975.....	138,975.....	0.....	78.4.....	78.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	162,437.....	162,437.....	0.....	78.8.....	78.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	161,541.....	161,541.....	0.....	72.2.....	72.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary
N O N E

Schedule P - Part 3 - Summary
N O N E

Schedule P - Part 4 - Summary
N O N E

Schedule P - Part 1A - Homeowners/Farmowners

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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								12
	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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	3	3	7	7	2	2	0	0	XXX.....
2. 2015.....	67,500	67,500	0	47,855	47,855	2,862	2,862	5,910	5,910	0	0	10,115
3. 2016.....	72,422	72,422	0	57,401	57,401	3,548	3,548	6,414	6,414	0	0	10,550
4. 2017.....	77,748	77,748	0	61,334	61,334	4,025	4,025	7,136	7,136	0	0	10,613
5. 2018.....	82,703	82,703	0	64,109	64,109	4,255	4,255	6,600	6,600	0	0	10,409
6. 2019.....	84,895	84,895	0	54,565	54,565	3,840	3,840	6,553	6,553	0	0	9,759
7. 2020.....	81,051	81,051	0	34,030	34,030	2,078	2,078	5,090	5,090	0	0	5,738
8. 2021.....	79,451	79,451	0	40,058	40,058	1,925	1,925	5,131	5,131	0	0	5,885
9. 2022.....	84,497	84,497	0	45,095	45,095	1,703	1,703	5,031	5,031	0	0	6,708
10. 2023.....	95,231	95,231	0	40,578	40,578	1,247	1,247	5,626	5,626	0	0	7,962
11. 2024.....	96,391	96,391	0	19,272	19,272	225	225	5,423	5,423	0	0	6,569
12. Totals	XXX	XXX	XXX	464,300	464,300	25,716	25,716	58,915	58,915	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	105	105	29	29	0	0	79	79	4	4	0	0	6
2. 2015.....	851	851	4	4	64	64	2	2	2	2	0	0	3
3. 2016.....	820	820	6	6	40	40	5	5	8	8	0	0	11
4. 2017.....	740	740	12	12	27	27	27	27	8	8	0	0	12
5. 2018.....	2,153	2,153	152	152	153	153	86	86	16	16	0	0	22
6. 2019.....	3,428	3,428	385	385	208	208	141	141	30	30	0	0	43
7. 2020.....	2,701	2,701	493	493	130	130	236	236	23	23	0	0	33
8. 2021.....	6,397	6,397	1,802	1,802	562	562	679	679	49	49	0	0	70
9. 2022.....	7,742	7,742	5,302	5,302	531	531	1,318	1,318	114	114	0	0	162
10. 2023.....	17,366	17,366	12,889	12,889	603	603	3,335	3,335	327	327	0	0	463
11. 2024.....	16,729	16,729	29,559	29,559	370	370	5,018	5,018	1,205	1,205	0	0	1,708
12. Totals	59,032	59,032	50,632	50,632	2,689	2,689	10,927	10,927	1,788	1,788	0	0	2,533

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	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. 2015.....	57,549	57,549	.....0	85.3	85.3	.....0.0	.....0	.....0	.....0.0	.....0	.....0
3. 2016.....	68,242	68,242	.....0	94.2	94.2	.....0.0	.....0	.....0	.....0.0	.....0	.....0
4. 2017.....	73,310	73,310	.....0	94.3	94.3	.....0.0	.....0	.....0	.....0.0	.....0	.....0
5. 2018.....	77,524	77,524	.....0	93.7	93.7	.....0.0	.....0	.....0	.....0.0	.....0	.....0
6. 2019.....	69,150	69,150	.....0	81.5	81.5	.....0.0	.....0	.....0	.....0.0	.....0	.....0
7. 2020.....	44,781	44,781	.....0	55.3	55.3	.....0.0	.....0	.....0	.....0.0	.....0	.....0
8. 2021.....	56,603	56,603	.....0	71.2	71.2	.....0.0	.....0	.....0	.....0.0	.....0	.....0
9. 2022.....	66,838	66,838	.....0	79.1	79.1	.....0.0	.....0	.....0	.....0.0	.....0	.....0
10. 2023.....	81,971	81,971	.....0	86.1	86.1	.....0.0	.....0	.....0	.....0.0	.....0	.....0
11. 2024.....	77,802	77,802	0	80.7	80.7	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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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								12						
	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)	Number of Claims Reported Direct and Assumed						
				4		5		6					7		8		9	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Direct and Assumed	Ceded	Direct and Assumed	Ceded		
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
2. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2017.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2018.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2019.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2020.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2021.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2022.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2023.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2024.....	.....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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024	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. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	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 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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
	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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	32.....	32.....	11.....	11.....	1.....	1.....	0.....	0.....	XXX.....
2. 2015.....	1,817.....	1,817.....	0.....	164.....	164.....	29.....	29.....	132.....	132.....	0.....	0.....	125.....
3. 2016.....	3,731.....	3,731.....	0.....	741.....	741.....	86.....	86.....	254.....	254.....	0.....	0.....	239.....
4. 2017.....	5,855.....	5,855.....	0.....	1,402.....	1,402.....	219.....	219.....	345.....	345.....	0.....	0.....	320.....
5. 2018.....	9,448.....	9,448.....	0.....	2,118.....	2,118.....	316.....	316.....	523.....	523.....	0.....	0.....	557.....
6. 2019.....	14,569.....	14,569.....	0.....	4,514.....	4,514.....	393.....	393.....	735.....	735.....	0.....	0.....	734.....
7. 2020.....	18,113.....	18,113.....	0.....	4,644.....	4,644.....	409.....	409.....	777.....	777.....	0.....	0.....	681.....
8. 2021.....	20,489.....	20,489.....	0.....	6,193.....	6,193.....	758.....	758.....	1,090.....	1,090.....	0.....	0.....	1,037.....
9. 2022.....	23,883.....	23,883.....	0.....	5,872.....	5,872.....	598.....	598.....	1,054.....	1,054.....	0.....	0.....	1,003.....
10. 2023.....	27,402.....	27,402.....	0.....	3,953.....	3,953.....	363.....	363.....	1,266.....	1,266.....	0.....	0.....	1,110.....
11. 2024.....	33,241.....	33,241.....	0.....	2,794.....	2,794.....	182.....	182.....	1,264.....	1,264.....	0.....	0.....	1,076.....
12. Totals.....	XXX.....	XXX.....	XXX.....	32,427.....	32,427.....	3,364.....	3,364.....	7,442.....	7,442.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	766	766	72	72	0	0	9	9	157	157	0	0	146
2. 2015.....	0	0	41	41	0	0	7	7	0	0	0	0	0
3. 2016.....	0	0	80	80	0	0	15	15	0	0	0	0	0
4. 2017.....	117	117	137	137	16	16	28	28	6	6	0	0	6
5. 2018.....	128	128	265	265	0	0	56	56	2	2	0	0	2
6. 2019.....	2,999	2,999	487	487	85	85	105	105	13	13	0	0	12
7. 2020.....	331	331	637	637	27	27	165	165	6	6	0	0	6
8. 2021.....	1,014	1,014	682	682	40	40	268	268	24	24	0	0	22
9. 2022.....	1,690	1,690	1,100	1,100	72	72	392	392	39	39	0	0	36
10. 2023.....	1,447	1,447	1,778	1,778	88	88	584	584	77	77	0	0	71
11. 2024.....	4,574	4,574	5,668	5,668	198	198	1,182	1,182	356	356	0	0	330
12. Totals.....	13,065	13,065	10,946	10,946	527	527	2,808	2,808	681	681	0	0	631

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	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. 2015.....	373.....	373.....	0.....	20.5.....	20.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	1,175.....	1,175.....	0.....	31.5.....	31.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	2,269.....	2,269.....	0.....	38.8.....	38.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	3,408.....	3,408.....	0.....	36.1.....	36.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	9,332.....	9,332.....	0.....	64.1.....	64.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	6,996.....	6,996.....	0.....	38.6.....	38.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	10,070.....	10,070.....	0.....	49.1.....	49.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	10,816.....	10,816.....	0.....	45.3.....	45.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	9,555.....	9,555.....	0.....	34.9.....	34.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	16,218.....	16,218.....	0.....	48.8.....	48.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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								12
	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)	Number of Claims Reported Direct and Assumed
				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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	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. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	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

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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								12
	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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(2).....	(2).....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2015.....	50,329.....	50,329.....	0.....	30,296.....	30,296.....	20.....	20.....	8,387.....	8,387.....	0.....	0.....	22,259.....
3. 2016.....	54,538.....	54,538.....	0.....	33,810.....	33,810.....	3.....	3.....	9,245.....	9,245.....	0.....	0.....	23,942.....
4. 2017.....	59,180.....	59,180.....	0.....	37,583.....	37,583.....	7.....	7.....	9,047.....	9,047.....	0.....	0.....	25,671.....
5. 2018.....	63,625.....	63,625.....	0.....	40,784.....	40,784.....	1.....	1.....	8,668.....	8,668.....	0.....	0.....	28,555.....
6. 2019.....	66,310.....	66,310.....	0.....	40,390.....	40,390.....	15.....	15.....	8,723.....	8,723.....	0.....	0.....	27,315.....
7. 2020.....	62,321.....	62,321.....	0.....	31,612.....	31,612.....	8.....	8.....	7,589.....	7,589.....	0.....	0.....	18,851.....
8. 2021.....	61,336.....	61,336.....	0.....	36,301.....	36,301.....	7.....	7.....	6,968.....	6,968.....	0.....	0.....	19,597.....
9. 2022.....	68,972.....	68,972.....	0.....	53,361.....	53,361.....	9.....	9.....	8,001.....	8,001.....	0.....	0.....	24,561.....
10. 2023.....	83,481.....	83,481.....	0.....	62,266.....	62,266.....	17.....	17.....	9,144.....	9,144.....	0.....	0.....	26,520.....
11. 2024.....	93,995.....	93,995.....	0.....	55,907.....	55,907.....	8.....	8.....	8,781.....	8,781.....	0.....	0.....	21,503.....
12. Totals.....	XXX.....	XXX.....	XXX.....	422,310.....	422,310.....	95.....	95.....	84,553.....	84,553.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	3	3	0	0	0	0	0	0	0	0	0	0	1
3. 2016.....	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	(3)	(3)	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	(9)	(9)	0	0	0	0	0	0	0	0	0
8. 2021.....	3	3	(20)	(20)	0	0	1	1	0	0	0	0	1
9. 2022.....	2	2	(56)	(56)	0	0	2	2	1	1	0	0	2
10. 2023.....	9	9	(542)	(542)	0	0	15	15	1	1	0	0	3
11. 2024	2,415	2,415	(102)	(102)	0	0	78	78	434	434	0	0	1,072
12. Totals	2,432	2,432	(734)	(734)	0	0	97	97	437	437	0	0	1,079

	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. 2015.....	38,706.....	38,706.....	0.....	76.9.....	76.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	43,057.....	43,057.....	0.....	78.9.....	78.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	46,638.....	46,638.....	0.....	78.8.....	78.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	49,449.....	49,449.....	0.....	77.7.....	77.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	49,128.....	49,128.....	0.....	74.1.....	74.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	39,201.....	39,201.....	0.....	62.9.....	62.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	43,260.....	43,260.....	0.....	70.5.....	70.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	61,321.....	61,321.....	0.....	88.9.....	88.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	70,911.....	70,911.....	0.....	84.9.....	84.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	67,521.....	67,521.....	0.....	71.8.....	71.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

Schedule P - Part 1K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 1U - Pet Insurance Plans

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 2U - Pet Insurance Plans

N O N E

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior.....	000	0	0	0	0	0	0	0	0	0	0	1,212	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	7,045	3,067
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0	7,401	3,138
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0	7,486	3,115
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	7,237	3,150
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	6,580	3,136
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	3,920	1,785
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	4,115	1,700
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	4,742	1,804
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	4,689	2,810
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2,889	1,972

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

1. Prior.....	000												
2. 2015.....													
3. 2016.....	XXX												
4. 2017.....	XXX	XXX											
5. 2018.....	XXX	XXX	XXX										
6. 2019.....	XXX	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX	XXX	XXX								
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000	0	0	0	0	0	0	0	0	0	0	338	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	41	84
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0	165	74
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0	228	86
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	341	214
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	497	225
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	444	231
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	675	340
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	579	388
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	627	412
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	426	320

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000												
2. 2015.....													
3. 2016.....	XXX												
4. 2017.....	XXX	XXX											
5. 2018.....	XXX	XXX	XXX										
6. 2019.....	XXX	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX	XXX	XXX								
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....											
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....											
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

1. Prior.....	000.....											
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	000.....											
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

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	2	3	4	5	6	7	8	9	10		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	19,691.....
3. 2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	21,344.....
4. 2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	22,993.....
5. 2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	25,537.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	24,189.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	17,014.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	17,557.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	21,234.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	22,884.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	17,831.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

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

1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 3U - Pet Insurance Plans

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 4U - Pet Insurance Plans

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	2,452	660	281	113	75	35	23	17	5	3
2. 2015.....	4,821	6,522	6,813	6,917	6,971	7,015	7,035	7,039	7,042	7,045
3. 2016.....	XXX	4,871	6,790	7,129	7,258	7,309	7,352	7,386	7,393	7,401
4. 2017.....	XXX	XXX	4,985	6,886	7,176	7,307	7,381	7,439	7,474	7,486
5. 2018.....	XXX	XXX	XXX	4,763	6,580	6,922	7,066	7,155	7,208	7,237
6. 2019.....	XXX	XXX	XXX	XXX	4,331	6,049	6,326	6,467	6,534	6,580
7. 2020.....	XXX	XXX	XXX	XXX	XXX	2,691	3,647	3,801	3,883	3,920
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2,471	3,758	3,997	4,115
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,857	4,481	4,742
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,155	4,689
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,889

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	855	407	184	98	49	30	22	11	7	6
2. 2015.....	1,850	422	178	98	48	23	11	6	5	3
3. 2016.....	XXX	2,052	478	215	114	69	42	19	14	11
4. 2017.....	XXX	XXX	2,021	447	233	137	91	52	21	12
5. 2018.....	XXX	XXX	XXX	1,984	535	277	141	69	37	22
6. 2019.....	XXX	XXX	XXX	XXX	1,948	460	230	131	82	43
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,028	273	145	66	33
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,261	348	174	70
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,514	366	162
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,824	463
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,708

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	1,356	341	139	52	42	24	16	7	1	2
2. 2015.....	8,862	9,862	9,997	10,060	10,081	10,102	10,111	10,112	10,114	10,115
3. 2016.....	XXX	9,082	10,258	10,418	10,488	10,504	10,524	10,541	10,544	10,550
4. 2017.....	XXX	XXX	9,119	10,317	10,463	10,535	10,572	10,597	10,609	10,613
5. 2018.....	XXX	XXX	XXX	8,906	10,105	10,267	10,330	10,364	10,390	10,409
6. 2019.....	XXX	XXX	XXX	XXX	8,497	9,512	9,649	9,712	9,743	9,759
7. 2020.....	XXX	XXX	XXX	XXX	XXX	5,044	5,627	5,692	5,722	5,738
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	4,846	5,713	5,836	5,885
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,445	6,560	6,708
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,922	7,962
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,569

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	6	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	35	15	9	60	8	160	23	16	45	2
2. 2015.....	24	36	38	38	41	41	41	41	41	41
3. 2016.....	XXX	91	147	156	163	164	165	165	165	165
4. 2017.....	XXX	XXX	132	192	211	216	222	223	223	228
5. 2018.....	XXX	XXX	XXX	176	287	311	326	335	341	341
6. 2019.....	XXX	XXX	XXX	XXX	238	413	468	491	493	497
7. 2020.....	XXX	XXX	XXX	XXX	XXX	208	379	427	438	444
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	274	529	629	675
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	288	516	579
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	401	627
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	426

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	270	255	249	277	358	203	174	191	147	146
2. 2015.....	17	6	4	2	0	0	0	0	0	0
3. 2016.....	XXX	59	16	6	0	0	0	0	0	0
4. 2017.....	XXX	XXX	91	37	20	15	9	8	8	6
5. 2018.....	XXX	XXX	XXX	121	47	28	17	6	2	2
6. 2019.....	XXX	XXX	XXX	XXX	221	83	37	17	16	12
7. 2020.....	XXX	XXX	XXX	XXX	XXX	231	76	20	9	6
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	346	133	48	22
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301	92	36
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	269	71
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	3	0	3	88	89	6	(6)	32	1	1
2. 2015.....	114	121	124	124	125	125	125	125	125	125
3. 2016.....	XXX	202	233	235	237	238	239	239	239	239
4. 2017.....	XXX	XXX	266	309	314	315	317	317	317	320
5. 2018.....	XXX	XXX	XXX	452	532	546	555	555	557	557
6. 2019.....	XXX	XXX	XXX	XXX	605	708	725	731	732	734
7. 2020.....	XXX	XXX	XXX	XXX	XXX	575	662	673	676	681
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	808	978	1,013	1,037
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	848	986	1,003
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	998	1,110
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,076

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

NONE

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

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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	0	0	0	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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	0	0	0	0	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	11	(9)	0	0	0	0	0	0	0	0	0
2. 2015.....	1,807	1,898	1,881	1,881	1,881	1,881	1,881	1,881	1,881	1,881	0
3. 2016.....	XXX	3,649	3,791	3,769	3,769	3,770	3,770	3,770	3,770	3,770	0
4. 2017.....	XXX	XXX	5,730	5,974	5,993	5,995	5,995	5,995	5,995	5,995	0
5. 2018.....	XXX	XXX	XXX	9,226	9,898	9,876	9,876	9,875	9,872	9,872	0
6. 2019.....	XXX	XXX	XXX	XXX	13,879	14,318	14,151	14,140	14,128	14,128	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	17,691	17,762	17,767	17,755	17,753	(3)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	20,585	21,769	21,810	21,799	(11)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,706	24,719	24,866	146
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,375	28,090	2,716
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,393	30,393
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,241
13. Earned Premiums (Sch P-Pt. 1)	1,817	3,731	5,855	9,448	14,569	18,113	20,489	23,883	27,402	33,241	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	11	(9)	0	0	0	0	0	0	0	0	0
2. 2015.....	1,807	1,898	1,881	1,881	1,881	1,881	1,881	1,881	1,881	1,881	0
3. 2016.....	XXX	3,649	3,791	3,769	3,769	3,770	3,770	3,770	3,770	3,770	0
4. 2017.....	XXX	XXX	5,730	5,974	5,993	5,995	5,995	5,995	5,995	5,995	0
5. 2018.....	XXX	XXX	XXX	9,226	9,898	9,876	9,876	9,875	9,872	9,872	0
6. 2019.....	XXX	XXX	XXX	XXX	13,879	14,318	14,151	14,140	14,128	14,128	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	17,691	17,762	17,767	17,755	17,753	(3)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	20,585	21,769	21,810	21,799	(11)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,706	24,719	24,866	146
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,375	28,090	2,716
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,393	30,393
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,241
13. Earned Premiums (Sch P-Pt. 1)	1,817	3,731	5,855	9,448	14,569	18,113	20,489	23,883	27,402	33,241	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	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	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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	0	0	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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	0	0	0	0	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 6M - International - Section 1
N O N E

Schedule P - Part 6M - International - Section 2
N O N E

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

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

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

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

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B
N O N E

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

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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	2015	0	0
1.603	2016	0	0
1.604	2017	0	0
1.605	2018	0	0
1.606	2019	0	0
1.607	2020	0	0
1.608	2021	0	0
1.609	2022	0	0
1.610	2023	0	0
1.611	2024	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 [X] No []
- 7.2 (An extended statement may be attached.)
Lower than expected personal auto losses were experienced in accident year 2020 due to fewer accidents and decreased claim activity resulting from fewer miles driven as a result of the Pandemic.

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories									
States, Etc.	1	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
		2	3						
	Active Status (a)	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
1. Alabama	AL	L	172,849	150,537	0	4,423	18,769	39,275	167
2. Alaska	AK	L	157	157	0	0	26	26	0
3. Arizona	AZ	L	418,846	418,894	0	125,621	223,540	200,198	1,813
4. Arkansas	AR	L	164,251	188,620	0	98,696	63,345	109,731	684
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	L	305,869	348,147	0	324,133	(359,300)	155,833	1,371
7. Connecticut	CT	L	871,909	851,312	0	143,482	62,422	563,158	1,836
8. Delaware	DE	L	554,991	542,893	0	33,000	(11,467)	20,731	367
9. District of Columbia	DC	L	827,321	680,746	0	51,478	105,240	202,964	1,011
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	L	2,422,396	2,277,241	0	201,416	381,907	820,784	6,308
12. Hawaii	HI	L	0	0	0	0	(5)	10	0
13. Idaho	ID	L	6,084	6,158	0	0	1,805	3,432	24
14. Illinois	IL	L	71,044,165	72,316,125	0	44,355,887	40,170,149	37,954,182	437,925
15. Indiana	IN	L	1,324,884	1,246,076	0	303,658	764,847	802,907	2,567
16. Iowa	IA	L	123,117	98,484	0	21,327	109,266	101,080	95
17. Kansas	KS	L	42,141	35,904	0	(1,825)	35,229	116,244	132
18. Kentucky	KY	L	182,003	175,594	0	126,100	5,783	1,183,741	976
19. Louisiana	LA	L	171,970	171,449	0	266,438	264,424	41,585	582
20. Maine	ME	L	164,735	191,296	0	9,324	39,580	71,780	99
21. Maryland	MD	L	1,244,195	1,147,819	0	159,299	658,149	682,968	2,821
22. Massachusetts	MA	L	56,754	80,193	0	11,014	46,302	83,780	160
23. Michigan	MI	L	3,205,760	2,963,381	0	412,658	1,764,084	2,715,470	8,655
24. Minnesota	MN	L	0	0	0	0	0	0	0
25. Mississippi	MS	L	53,347	45,333	0	0	3,540	8,487	144
26. Missouri	MO	L	276,830	246,863	0	77,865	124,426	175,859	152
27. Montana	MT	L	(1,872)	752	0	0	(3,753)	1,987	37
28. Nebraska	NE	L	5,987	5,560	0	0	407	1,453	21
29. Nevada	NV	L	262,211	406,623	0	94,915	127,077	185,215	367
30. New Hampshire	NH	L	1,185,604	1,108,813	0	273,723	537,479	715,505	3,206
31. New Jersey	NJ	L	495,336	503,396	0	110,678	14,530	479,699	2,357
32. New Mexico	NM	L	29,960	27,488	0	0	2,534	6,168	187
33. New York	NY	L	116,268,804	102,844,578	0	67,551,016	69,276,366	71,757,851	700,909
34. North Carolina	NC	L	2,548,814	2,493,128	0	240,403	480,573	868,564	9,282
35. North Dakota	ND	L	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	31
37. Oklahoma	OK	L	56,916	43,652	0	0	2,586	9,660	103
38. Oregon	OR	L	122,531	98,185	0	19,730	41,724	61,800	639
39. Pennsylvania	PA	L	1,047,578	946,773	0	563,984	735,055	492,695	1,849
40. Rhode Island	RI	L	139,813	136,567	0	116,188	330,297	290,837	399
41. South Carolina	SC	L	1,135,049	1,133,550	0	260,266	250,487	392,475	2,928
42. South Dakota	SD	L	3,048	3,017	0	0	389	708	0
43. Tennessee	TN	L	23,229,926	22,926,643	0	13,855,237	11,993,572	11,056,179	118,133
44. Texas	TX	L	1,815,663	2,024,736	0	204,739	237,169	772,697	8,085
45. Utah	UT	L	101,622	131,783	0	3,327	50,015	88,937	669
46. Vermont	VT	L	897,265	459,291	0	52,741	67,001	247,132	480
47. Virginia	VA	L	3,872,605	3,940,478	0	1,182,438	843,356	1,818,822	5,018
48. Washington	WA	L	0	0	0	0	0	0	0
49. West Virginia	WV	L	67,068	50,887	0	0	6,982	13,094	110
50. Wisconsin	WI	L	128,284	158,486	0	19,293	24,601	58,317	188
51. Wyoming	WY	L	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	XXX		237,046,786	223,627,608	0	131,272,672	129,490,508	135,374,020	1,322,887
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	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 49

2. R - Registered - Non-domiciled RRGs..... 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

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

6. N - None of the above - Not allowed to write business in the state... .. 8

(b) Explanation of basis of allocation of premiums by states, etc.

Fire, Allied Lines, Homeowners, Commercial multiple peril, Earthquake, Glass, Burglary, Boiler and Machinery - location of property insured. Ocean Marine - state contract was negotiated. Inland Marine - location of insured. Liability other than auto - location of insured plant. Auto liability and physical damage - place of principal garage. Workers' Compensation - state in which work is performed. Fidelity: forgery bonds - location of insured; of employer; All Other - location of employer. Surety: Judicial bonds - location of court; License bonds - location of obligee; Contracts - location of work; Supply bonds - location of contractors; All other - location of principal.

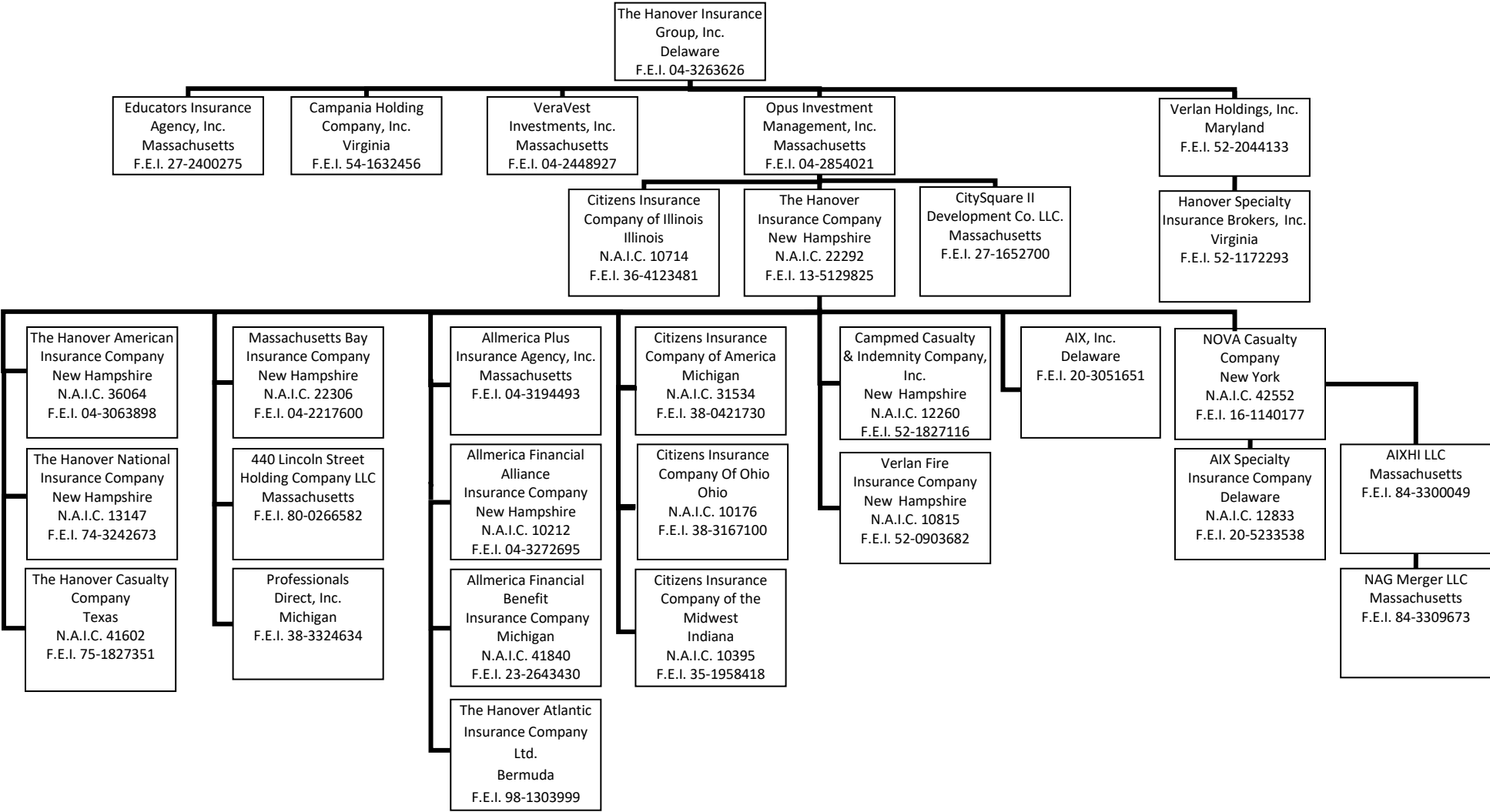
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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

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



Note: All Companies are wholly-owned.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE 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 Location	Relation-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)	*
.....	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. ....	....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.....	.....
.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. ....	....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.....	.....RE.....	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.....	.....IA.....	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 .....	.....	54-1632456 ..	.....	.....	.....	Campania Holding Company, Inc. ....	..VA.....	.....NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.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. ....	....NO.....	.....
.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. ....	....NO.....	.....
.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. ....	....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 .....	.....	27-2400275 ..	.....	.....	.....	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 .....	.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	84-3309673 ..	.....	.....	.....	NAG Merger LLC .....	..MA.....	.....NIA.....	AIXHI LLC	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.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. ....	....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.....	.....
.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. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....22292	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	.....
.....

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 .....	.....1,000,000 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....1,000,000 .....	.....384,214,972
.....10212	04-3272695	Allmerica Financial Alliance Ins Co. ....	.....(1,000,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(1,000,000) .....	.....272,953,749
.....41840	23-2643430	Allmerica Financial Benefit Ins Co. ....	.....0 .....	.....10,000,000 .....	.....0 .....	.....0 .....	.....0 .....	.....(143,336,066) .....	.....0 .....	.....0 .....	.....(133,336,066) .....	.....1,177,641,594
.....04-3194493	04-3194493	Allmerica Plus Insurance Agency, Inc. ....	.....(200,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(200,000) .....	.....0
.....12260	52-1827116	Campmed Casualty & Indemnity Company, Inc. ....	.....(400,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(400,000) .....	.....2,691,785
.....31534	38-0421730	Citizens Insurance Co. of America .....	.....(59,000,000) .....	.....0 .....	.....0 .....	.....0 .....	.....140,927,543 .....	.....5,801,207 .....	.....0 .....	.....0 .....	.....87,728,750 .....	.....(477,061,784)
.....10714	36-4123481	Citizens Insurance Co. of Illinois .....	.....(900,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(900,000) .....	.....62,063,513
.....10176	38-3167100	Citizens Insurance Co. of Ohio .....	.....(750,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(750,000) .....	.....6,256,218
.....10395	35-1958418	Citizens Insurance Co. of the Midwest .....	.....(3,000,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(109,790,825) .....	.....0 .....	.....0 .....	.....(112,790,825) .....	.....1,438,584,462
.....36064	04-3063898	The Hanover American Insurance Co. ....	.....(2,600,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(92,322,520) .....	.....0 .....	.....0 .....	.....(94,922,520) .....	.....518,948,594
.....98-1300399	98-1300399	The Hanover Atlantic Insurance Company ....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(72,989,229) .....	.....0 .....	.....0 .....	.....(72,989,229) .....	.....180,597,897
.....22292	13-5129825	The Hanover Insurance Company .....	.....(30,550,000) .....	.....(10,000,000) .....	.....0 .....	.....0 .....	.....(29,072,818) .....	.....682,846,843 .....	.....0 .....	.....(125,000,000) .....	.....488,224,025 .....	.....(5,376,956,325)
.....41602	75-1827351	The Hanover Casualty Company .....	.....(700,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(700,000) .....	.....79,379,582
.....22306	04-2217600	Massachusetts Bay Insurance Company .....	.....(1,000,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(181,309,357) .....	.....0 .....	.....0 .....	.....(182,309,357) .....	.....1,027,100,455
.....42552	16-1140177	NOVA Casualty Co. ....	.....0 .....	.....(1,000,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(1,000,000) .....	.....569,737,131
.....04-3263626	04-3263626	The Hanover Insurance Group, Inc. ....	.....100,900,000 .....	.....0 .....	.....0 .....	.....0 .....	.....(111,854,725) .....	.....0 .....	.....0 .....	.....125,000,000 .....	.....114,045,275 .....	.....0
.....13147	74-3242673	The Hanover National Insurance Company ....	.....(250,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(250,000) .....	.....0
.....10815	52-0903682	Verlan Fire Insurance Co. ....	.....(550,000) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....(88,900,053) .....	.....0 .....	.....0 .....	.....(89,450,053) .....	.....133,848,157
.....04-2854021	04-2854021	Opus Investment Management, Inc. ....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0
.....9999999 Control Totals .....	.....9999999 Control Totals .....	.....9999999 Control Totals .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....XXX .....	.....0 .....	.....0 .....	.....0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)		U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party			
AIX Specialty Insurance Insurance Company	NOVA Casualty Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Allmerica Financial Alliance Insurance Co.	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Allmerica Financial Benefit Insurance Co.	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Campmed Casualty & Indemnity Co. Inc.	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Citizens Insurance Company of America	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Citizens Insurance Company of Illinois	Opus Investment Management, Inc.	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Citizens Insurance Company of Ohio	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Citizens Insurance Company of the Midwest	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Massachusetts Bay Insurance Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
NOVA Casualty Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
The Hanover American Insurance Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
The Hanover Atlantic Insurance Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
The Hanover Casualty Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
The Hanover Insurance Company	Opus Investment Management, Inc.	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
The Hanover National Insurance Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Verlan Fire Insurance Company	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

SUPPLEMENTAL FILINGS

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		
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? ...	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	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
25.	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
26.	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
27.	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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	NO
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING		
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
38.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
11.		
12.		
13.		
14.		
15.		
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Bar Codes:

11.	SIS Stockholder Information Supplement [Document Identifier 420]	
12.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	
13.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
14.	Supplement A to Schedule T [Document Identifier 455]	
15.	Trusteed Surplus Statement [Document Identifier 490]	
16.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 <div>102122024401000000</div>
18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>102122024365000000</div>
20.	Reinsurance Attestation Supplement [Document Identifier 399]	 <div>102122024399000000</div>
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 <div>102122024400000000</div>
22.	Bail Bond Supplement [Document Identifier 500]	 <div>102122024500000000</div>
23.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 <div>102122024505000000</div>
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>102122024224000000</div>
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>102122024225000000</div>
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>102122024226000000</div>
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 <div>102122024555000000</div>
28.	Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]	 <div>102122024570000000</div>
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>102122024230000000</div>
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>102122024306000000</div>
32.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 <div>102122024210000000</div>
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 <div>102122024216000000</div>
34.	Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	 <div>102122024550000000</div>
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	 <div>102122024290000000</div>
36.	Private Flood Insurance Supplement [Document Identifier 560]	 <div>102122024560000000</div>
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	 <div>102122024565000000</div>

NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	9,440,010	33.239	9,440,010	0	9,440,010	33.239
1.02 All other governments	0	0.000	0	0	0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	3,446,496	12.135	3,446,496	0	3,446,496	12.135
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	621,724	2.189	621,724	0	621,724	2.189
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	7,685,814	27.062	7,685,814	0	7,685,814	27.062
1.06 Industrial and miscellaneous	7,029,642	24.752	7,029,642	0	7,029,642	24.752
1.07 Hybrid securities	0	0.000	0	0	0	0.000
1.08 Parent, subsidiaries and affiliates	0	0.000	0	0	0	0.000
1.09 SVO identified funds	0	0.000	0	0	0	0.000
1.10 Unaffiliated bank loans	0	0.000	0	0	0	0.000
1.11 Unaffiliated certificates of deposit	0	0.000	0	0	0	0.000
1.12 Total long-term bonds	28,223,687	99.376	28,223,687	0	28,223,687	99.376
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)	0	0.000	0	0	0	0.000
2.02 Parent, subsidiaries and affiliates	0	0.000	0	0	0	0.000
2.03 Total preferred stocks	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)	0	0.000	0	0	0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated)	0	0.000	0	0	0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded	0	0.000	0	0	0	0.000
3.04 Parent, subsidiaries and affiliates Other	0	0.000	0	0	0	0.000
3.05 Mutual funds	0	0.000	0	0	0	0.000
3.06 Unit investment trusts	0	0.000	0	0	0	0.000
3.07 Closed-end funds	0	0.000	0	0	0	0.000
3.08 Exchange traded funds	0	0.000	0	0	0	0.000
3.09 Total common stocks	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages	0	0.000	0	0	0	0.000
4.02 Residential mortgages	0	0.000	0	0	0	0.000
4.03 Commercial mortgages	0	0.000	0	0	0	0.000
4.04 Mezzanine real estate loans	0	0.000	0	0	0	0.000
4.05 Total valuation allowance	0	0.000	0	0	0	0.000
4.06 Total mortgage loans	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company	0	0.000	0	0	0	0.000
5.02 Properties held for production of income	0	0.000	0	0	0	0.000
5.03 Properties held for sale	0	0.000	0	0	0	0.000
5.04 Total real estate	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	(10)	0.000	(10)	0	(10)	0.000
6.02 Cash equivalents (Schedule E, Part 2)	121,407	0.427	121,407	0	121,407	0.427
6.03 Short-term investments (Schedule DA)	0	0.000	0	0	0	0.000
6.04 Total cash, cash equivalents and short-term investments	121,397	0.427	121,397	0	121,397	0.427
7. Contract loans	0	0.000	0	0	0	0.000
8. Derivatives (Schedule DB)	0	0.000	0	0	0	0.000
9. Other invested assets (Schedule BA)	0	0.000	0	0	0	0.000
10. Receivables for securities	55,700	0.196	55,700	0	55,700	0.196
11. Securities Lending (Schedule DL, Part 1).....	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)	0	0.000	0	0	0	0.000
13. Total invested assets	28,400,784	100.000	28,400,784	0	28,400,784	100.000

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year

2. Cost of acquired:

2.1 Actual cost at time of acquisition (Part 2, Column 6)

2.2 Additional investment made after acquisition (Part 2, Column 9)

3. Current year change in encumbrances:

3.1 Totals, Part 1, Column 13

3.2 Totals, Part 3, Column 11

4. Total gain (loss) on disposals, Part 3, Column 18

5. Deduct amounts received on disposals, Part 3, Column 15

6. Total foreign exchange change in book/adjusted carrying value:

6.1 Totals, Part 1, Column 15

6.2 Totals, Part 3, Column 13

7. Deduct current year's other-than-temporary impairment recognized:

7.1 Totals, Part 1, Column 12

7.2 Totals, Part 3, Column 10

8. Deduct current year's depreciation:

8.1 Totals, Part 1, Column 11

8.2 Totals, Part 3, Column 9

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)

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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 (Part 2, Column 7)

2.2 Additional investment made after acquisition (Part 2, Column 8)

3. Capitalized deferred interest and other:

3.1 Totals, Part 1, Column 12

3.2 Totals, Part 3, Column 11

4. Accrual of discount

5. Unrealized valuation increase/(decrease):

5.1 Totals, Part 1, Column 9

5.2 Totals, Part 3, Column 8

6. Total gain (loss) on disposals, Part 3, Column 18

7. Deduct amounts received on disposals, Part 3, Column 15

8. Deduct amortization of premium and mortgage interest points and commitment fees

9. Total foreign exchange change in book value/recorded investment excluding accrued interest:

9.1 Totals, Part 1, Column 13

9.2 Totals, Part 3, Column 13

10. Deduct current year's other-than-temporary impairment recognized:

10.1 Totals, Part 1, Column 11

10.2 Totals, Part 3, Column 10

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 of mortgages owned at end of current period (Line 13 minus Line 14)

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase/(decrease):	
	5.1 Totals, Part 1, Column 13	
	5.2 Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 16	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	
10.	Deduct current year's other-than-temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	
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 BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	27,801,806
2.	Cost of bonds and stocks acquired, Part 3, Column 7	7,305,462
3.	Accrual of discount	114,485
4.	Unrealized valuation increase/(decrease):	
	4.1. Part 1, Column 12	0
	4.2. Part 2, Section 1, Column 15	0
	4.3. Part 2, Section 2, Column 13	0
	4.4. Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	(123,424)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	6,854,486
7.	Deduct amortization of premium	21,961
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15	0
	8.2. Part 2, Section 1, Column 19	0
	8.3. Part 2, Section 2, Column 16	0
	8.4. Part 4, Column 15	0
9.	Deduct current year's other-than-temporary impairment recognized:	
	9.1. Part 1, Column 14	0
	9.2. Part 2, Section 1, Column 17	0
	9.3. Part 2, Section 2, Column 14	0
	9.4. Part 4, Column 13	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	1,806
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	28,223,687
12.	Deduct total nonadmitted amounts	0
13.	Statement value at end of current period (Line 11 minus Line 12)	28,223,687

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	9,440,010	8,626,624	9,392,819	9,687,485
	2. Canada	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	9,440,010	8,626,624	9,392,819	9,687,485
U.S. States, Territories and Possessions (Direct and guaranteed)					
	5. Totals	3,446,496	3,056,141	3,490,038	3,440,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)					
	6. Totals	621,724	586,050	620,382	625,000
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions					
	7. Totals	7,685,814	7,326,730	7,643,082	7,963,460
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States	6,032,170	6,015,878	6,004,634	6,169,500
	9. Canada	798,881	788,086	800,154	800,000
	10. Other Countries	198,592	195,240	197,874	200,000
	11. Totals	7,029,642	6,999,204	7,002,662	7,169,500
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	28,223,687	26,594,749	28,148,983	28,885,445
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States	0	0	0	
	15. Canada	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States	0	0	0	
	21. Canada	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	28,223,687	26,594,749	28,148,983	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	873,913	3,191,144	4,097,227	991,314	286,412	XXX	9,440,011	33.4	10,296,898	36.1	9,440,011	0
1.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	873,913	3,191,144	4,097,227	991,314	286,412	XXX	9,440,011	33.4	10,296,898	36.1	9,440,011	0
2. All Other Governments												
2.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1	0	800,618	2,340,419	305,460	0	XXX	3,446,496	12.2	4,390,219	15.4	3,446,496	0
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.7 Totals	0	800,618	2,340,419	305,460	0	XXX	3,446,496	12.2	4,390,219	15.4	3,446,496	0
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed												
4.1 NAIC 1	0	496,602	125,122	0	0	XXX	621,724	2.2	1,074,702	3.8	621,724	0
4.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.7 Totals	0	496,602	125,122	0	0	XXX	621,724	2.2	1,074,702	3.8	621,724	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	218,116	3,000,210	2,850,333	1,446,952	170,203	XXX	7,685,814	27.2	7,023,170	24.6	7,685,814	0
5.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.7 Totals	218,116	3,000,210	2,850,333	1,446,952	170,203	XXX	7,685,814	27.2	7,023,170	24.6	7,685,814	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1	1,566,119	2,623,747	2,046,184	0	0	XXX	6,236,050	22.1	4,570,331	16.0	5,207,924	1,028,126
6.2 NAIC 2	99,061	300,672	0	393,860	0	XXX	793,592	2.8	1,138,554	4.0	693,800	99,792
6.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.7 Totals	1,665,180	2,924,419	2,046,184	393,860	0	XXX	7,029,642	24.9	5,708,886	20.0	5,901,724	1,127,918
7. Hybrid Securities												
7.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Unaffiliated Certificates of Deposit												
11.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY
SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d) .....2,658,148	.....10,112,320	.....11,459,285	.....2,743,727	.....456,615	.....0	.....27,430,095	.....97.2	.....XXX	.....XXX	.....26,401,969	.....1,028,126
12.2 NAIC 2	(d) .....99,061	.....300,672	.....0	.....393,860	.....0	.....0	.....793,592	.....2.8	.....XXX	.....XXX	.....693,800	.....99,792
12.3 NAIC 3	(d) .....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
12.4 NAIC 4	(d) .....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
12.5 NAIC 5	(d) .....0	.....0	.....0	.....0	.....0	.....0	(c) .....0	.....0.0	.....XXX	.....XXX	.....0	.....0
12.6 NAIC 6	(d) .....0	.....0	.....0	.....0	.....0	.....0	(c) .....0	.....0.0	.....XXX	.....XXX	.....0	.....0
12.7 Totals .....	.....2,757,209	.....10,412,992	.....11,459,285	.....3,137,587	.....456,615	.....0	(b) .....28,223,687	.....100.0	.....XXX	.....XXX	.....27,095,769	.....1,127,918
12.8 Line 12.7 as a % of Col. 7	9.8	36.9	40.6	11.1	1.6	0.0	100.0	XXX	XXX	XXX	96.0	4.0
13. Total Bonds Prior Year												
13.1 NAIC 1 .....	.....1,338,036	.....11,535,810	.....11,967,592	.....2,279,706	.....234,176	.....0	.....XXX	.....XXX	.....27,355,321	.....96.0	.....26,281,772	.....1,073,548
13.2 NAIC 2 .....	.....346,301	.....792,254	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....1,138,554	.....4.0	.....1,038,829	.....99,725
13.3 NAIC 3 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....0	.....0.0	.....0	.....0
13.4 NAIC 4 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	.....0	.....0.0	.....0	.....0
13.5 NAIC 5 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	(c) .....0	.....0.0	.....0	.....0
13.6 NAIC 6 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX	.....XXX	(c) .....0	.....0.0	.....0	.....0
13.7 Totals .....	.....1,684,337	.....12,328,064	.....11,967,592	.....2,279,706	.....234,176	.....0	.....XXX	.....XXX	(b) .....28,493,875	.....100.0	.....27,320,601	.....1,173,274
13.8 Line 13.7 as a % of Col. 9	5.9	43.3	42.0	8.0	0.8	0.0	XXX	XXX	100.0	XXX	95.9	4.1
14. Total Publicly Traded Bonds												
14.1 NAIC 1 .....	.....1,840,950	.....9,901,392	.....11,459,285	.....2,743,727	.....456,615	.....0	.....26,401,969	.....93.5	.....26,281,772	.....92.2	.....26,401,969	.....XXX
14.2 NAIC 2 .....	.....99,061	.....200,879	.....0	.....393,860	.....0	.....0	.....693,800	.....2.5	.....1,038,829	.....3.6	.....693,800	.....XXX
14.3 NAIC 3 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
14.4 NAIC 4 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
14.5 NAIC 5 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
14.6 NAIC 6 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....XXX
14.7 Totals .....	.....1,940,011	.....10,102,271	.....11,459,285	.....3,137,587	.....456,615	.....0	.....27,095,769	.....96.0	.....27,320,601	.....95.9	.....27,095,769	.....XXX
14.8 Line 14.7 as a % of Col. 7	7.2	37.3	42.3	11.6	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	6.9	35.8	40.6	11.1	1.6	0.0	96.0	XXX	XXX	XXX	96.0	XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1 .....	.....817,198	.....210,928	.....0	.....0	.....0	.....0	.....1,028,126	.....3.6	.....1,073,548	.....3.8	.....XXX	.....1,028,126
15.2 NAIC 2 .....	.....0	.....99,792	.....0	.....0	.....0	.....0	.....99,792	.....0.4	.....99,725	.....0.3	.....XXX	.....99,792
15.3 NAIC 3 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
15.4 NAIC 4 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
15.5 NAIC 5 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
15.6 NAIC 6 .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....XXX	.....0
15.7 Totals .....	.....817,198	.....310,720	.....0	.....0	.....0	.....0	.....1,127,918	.....4.0	.....1,173,274	.....4.1	.....XXX	.....1,127,918
15.8 Line 15.7 as a % of Col. 7	72.5	27.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	2.9	1.1	0.0	0.0	0.0	0.0	4.0	XXX	XXX	XXX	XXX	4.0

(a) Includes \$1,127,918 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$0 current year of bonds with Z designations and \$0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.
(c) Includes \$0 current year, \$0 prior year of bonds with 5GI designations and \$0 current year, \$0 prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
(d) 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.01 Issuer Obligations	598,315	2,276,262	3,259,462	0	0	XXX	6,134,038	21.7	8,270,750	29.0	6,134,038	0
1.02 Residential Mortgage-Backed Securities	275,598	914,882	837,765	991,314	286,412	XXX	3,305,972	11.7	2,026,148	7.1	3,305,972	0
1.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.05 Totals	873,913	3,191,144	4,097,227	991,314	286,412	XXX	9,440,011	33.4	10,296,898	36.1	9,440,011	0
2. All Other Governments												
2.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations	0	800,618	2,340,419	305,460	0	XXX	3,446,496	12.2	4,390,219	15.4	3,446,496	0
3.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.05 Totals	0	800,618	2,340,419	305,460	0	XXX	3,446,496	12.2	4,390,219	15.4	3,446,496	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations	0	496,602	125,122	0	0	XXX	621,724	2.2	1,074,702	3.8	621,724	0
4.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.05 Totals	0	496,602	125,122	0	0	XXX	621,724	2.2	1,074,702	3.8	621,724	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations	0	2,218,582	1,700,583	589,144	0	XXX	4,508,309	16.0	5,824,038	20.4	4,508,309	0
5.02 Residential Mortgage-Backed Securities	218,116	781,628	1,149,750	857,809	170,203	XXX	3,177,505	11.3	1,199,132	4.2	3,177,505	0
5.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.05 Totals	218,116	3,000,210	2,850,333	1,446,952	170,203	XXX	7,685,814	27.2	7,023,170	24.6	7,685,814	0
6. Industrial and Miscellaneous												
6.01 Issuer Obligations	1,558,500	2,171,320	2,046,184	393,860	0	XXX	6,169,863	21.9	5,499,988	19.3	5,202,352	967,511
6.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.04 Other Loan-Backed and Structured Securities ...	106,680	753,099	0	0	0	XXX	859,779	3.0	208,898	0.7	699,372	160,407
6.05 Totals	1,665,180	2,924,419	2,046,184	393,860	0	XXX	7,029,642	24.9	5,708,886	20.0	5,901,724	1,127,918
7. Hybrid Securities												
7.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.05 Affiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.06 Affiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 12.09	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.02 Unaffiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Unaffiliated Certificates of Deposit												
11.01 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
12. Total Bonds Current Year												
12.01 Issuer Obligations	2, 156,815	7,963,382	9,471,770	1,288,464	0	XXX	20,880,431	74.0	XXX	XXX	19,912,920	967,511
12.02 Residential Mortgage-Backed Securities	493,714	1,696,510	1,987,515	1,849,123	456,615	XXX	6,483,477	23.0	XXX	XXX	6,483,477	0
12.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.04 Other Loan-Backed and Structured Securities ..	106,680	753,099	0	0	0	XXX	859,779	3.0	XXX	XXX	699,372	160,407
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.09 Totals	2,757,209	10,412,992	11,459,285	3,137,587	456,615	0	28,223,687	100.0	XXX	XXX	27,095,769	1,127,918
12.10 Line 12.09 as a % of Col. 7	9.8	36.9	40.6	11.1	1.6	0.0	100.0	XXX	XXX	XXX	96.0	4.0
13. Total Bonds Prior Year												
13.01 Issuer Obligations	1,381,852	11,188,804	11,113,462	1,375,579	0	XXX	XXX	XXX	25,059,697	87.9	24,095,321	964,376
13.02 Residential Mortgage-Backed Securities	253,332	979,514	854,130	904,127	234,176	XXX	XXX	XXX	3,225,280	11.3	3,225,280	0
13.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.04 Other Loan-Backed and Structured Securities ..	49,152	159,745	0	0	0	XXX	XXX	XXX	208,898	0.7	0	208,898
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
13.06 Affiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.09 Totals	1,684,337	12,328,064	11,967,592	2,279,706	234,176	0	XXX	XXX	28,493,875	100.0	27,320,601	1,173,274
13.10 Line 13.09 as a % of Col. 9	5.9	43.3	42.0	8.0	0.8	0.0	XXX	XXX	100.0	XXX	95.9	4.1
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	1,388,973	7,763,713	9,471,770	1,288,464	0	XXX	19,912,920	70.6	24,095,321	84.6	19,912,920	XXX
14.02 Residential Mortgage-Backed Securities	493,714	1,696,510	1,987,515	1,849,123	456,615	XXX	6,483,477	23.0	3,225,280	11.3	6,483,477	XXX
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.04 Other Loan-Backed and Structured Securities ..	57,324	642,048	0	0	0	XXX	699,372	2.5	0	0.0	699,372	XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.09 Totals	1,940,011	10,102,271	11,459,285	3,137,587	456,615	0	27,095,769	96.0	27,320,601	95.9	27,095,769	XXX
14.10 Line 14.09 as a % of Col. 7	7.2	37.3	42.3	11.6	1.7	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	6.9	35.8	40.6	11.1	1.6	0.0	96.0	XXX	XXX	XXX	96.0	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations	767,842	199,669	0	0	0	XXX	967,511	3.4	964,376	3.4	XXX	967,511
15.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.04 Other Loan-Backed and Structured Securities ..	49,356	111,051	0	0	0	XXX	160,407	0.6	208,898	0.7	XXX	160,407
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
15.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.09 Totals	817,198	310,720	0	0	0	0	1,127,918	4.0	1,173,274	4.1	XXX	1,127,918
15.10 Line 15.09 as a % of Col. 7	72.5	27.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12	2.9	1.1	0.0	0.0	0.0	0.0	4.0	XXX	XXX	XXX	XXX	4.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	492,975	492,975	0	0	0
2. Cost of short-term investments acquired	0	0	0	0	0
3. Accrual of discount	4,486	4,486	0	0	0
4. Unrealized valuation increase/(decrease)	0	0	0	0	0
5. Total gain (loss) on disposals	302	302	0	0	0
6. Deduct consideration received on disposals	497,763	497,763	0	0	0
7. Deduct amortization of premium	0	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0	0	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0	0	0	0
11. Deduct total nonadmitted amounts	0	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

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 BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	199,095	199,095	0	0
2. Cost of cash equivalents acquired	4,887,151	0	4,887,151	0
3. Accrual of discount	906	906	0	0
4. Unrealized valuation increase/(decrease)	0	0	0	0
5. Total gain (loss) on disposals	0	0	0	0
6. Deduct consideration received on disposals	4,965,744	200,000	4,765,744	0
7. Deduct amortization of premium	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	121,407	0	121,407	0
11. Deduct total nonadmitted amounts	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	121,407	0	121,407	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

N O N E

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 1 - Mortgage Loans Owned

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 1 - Other Long-Term Invested Assets Owned

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912810-F6-8	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	206,563	103.5391	207,078	200,000	205,307 .....	.....0	(1,126) .....	.....0 .....	.....0	5.250	4.537	FA	3,966	10,500	11/15/2023	02/15/2029
912828-2R-0	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	246,514	95.0469	237,617	250,000	248,988 .....	.....0	370 .....	.....0 .....	.....0	2.250	2.410	FA	2,125	5,625	10/24/2017	08/15/2027
912828-5N-6	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	146,068	98.7695	148,154	150,000	148,837 .....	.....0	1,233 .....	.....0 .....	.....0	2.875	3.749	MN	379	4,313	09/13/2022	11/30/2025
912828-J2-7	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	148,002	99.6914	149,537	150,000	149,964 .....	.....0	329 .....	.....0 .....	.....0	2.000	2.180	FA	1,133	3,500	10/02/2017	02/15/2025
912828-P4-6	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	193,946	97.1523	194,305	200,000	199,256 .....	.....0	650 .....	.....0 .....	.....0	1.625	1.962	FA	1,228	3,250	03/14/2016	02/15/2026
912828-U2-4	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	339,583	95.9727	335,904	350,000	347,862 .....	.....0	1,107 .....	.....0 .....	.....0	2.000	2.336	MN	909	7,000	11/21/2016	11/15/2026
912828-V9-8	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	154,306	95.9688	153,550	160,000	157,323 .....	.....0	1,304 .....	.....0 .....	.....0	2.250	3.071	FA	1,360	3,960	06/08/2022	02/15/2027
912828-V9-8	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	38,577	95.9688	38,388	40,000	39,331 .....	.....0	201 .....	.....0 .....	.....0	2.250	3.070	FA	340	5,500	06/08/2022	02/15/2027
912828-YB-0	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	392,516	88.7813	355,125	400,000	396,262 .....	.....0	768 .....	.....0 .....	.....0	1.625	1.837	FA	2,455	6,500	12/12/2019	08/15/2029
912828-Z0-6	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	218,335	82.0859	180,589	220,000	219,088 .....	.....0	173 .....	.....0 .....	.....0	0.625	0.704	MN	179	1,413	06/03/2020	05/15/2030
912828-Z0-6	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	29,600	82.0859	24,626	30,000	29,780 .....	.....0	33 .....	.....0 .....	.....0	0.625	0.764	MN	24	150	06/03/2020	05/15/2030
91282C-AE-1	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	441,492	81.2578	365,660	450,000	445,029 .....	.....0	897 .....	.....0 .....	.....0	0.625	0.827	FA	1,062	2,953	10/29/2020	08/15/2030
91282C-AE-1	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	49,055	81.2578	40,629	50,000	49,448 .....	.....0	59 .....	.....0 .....	.....0	0.625	0.826	FA	118	172	10/29/2020	08/15/2030
91282C-AV-3	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	836,926	81.8594	695,805	850,000	842,022 .....	.....0	1,311 .....	.....0 .....	.....0	0.875	1.040	MN	966	7,438	01/21/2021	11/15/2030
91282C-BL-4	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	322,969	82.5469	268,277	325,000	323,728 .....	.....0	211 .....	.....0 .....	.....0	1.125	1.191	FA	1,381	3,793	02/12/2021	02/15/2031
91282C-BL-4	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	74,531	82.5469	61,910	75,000	74,707 .....	.....0	35 .....	.....0 .....	.....0	1.125	1.191	FA	319	707	02/12/2021	02/15/2031
91282C-CB-5	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	300,813	84.3828	253,148	300,000	300,541 .....	.....0	(81) .....	.....0 .....	.....0	1.625	1.595	MN	633	4,875	06/28/2021	05/15/2031
91282C-CS-8	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	148,693	81.6406	122,461	150,000	149,113 .....	.....0	154 .....	.....0 .....	.....0	1.250	1.344	FA	708	2,344	08/25/2021	08/15/2031
91282C-CS-8	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	148,693	81.6406	122,461	150,000	149,113 .....	.....0	101 .....	.....0 .....	.....0	1.250	1.344	FA	708	1,406	08/25/2021	08/15/2031
91282C-DY-4	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	148,523	84.1406	126,211	150,000	148,915 .....	.....0	155 .....	.....0 .....	.....0	1.875	1.984	FA	1,062	3,164	03/10/2022	02/15/2032
91282C-DY-4	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	49,508	84.1406	42,070	50,000	49,639 .....	.....0	33 .....	.....0 .....	.....0	1.875	1.984	FA	354	586	03/10/2022	02/15/2032
91282C-EM-9	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	95,137	94.1406	94,141	100,000	95,987 .....	.....0	843 .....	.....0 .....	.....0	2.875	3.892	AO	492	2,875	12/28/2023	04/30/2029
91282C-EP-2	UNITED STATES TREASURY .....	..SD..	.....	.....	.. 1.A	145,567	89.8594	148,268	165,000	146,905 .....	.....0	1,146 .....	.....0 .....	.....0	2.875	4.649	MN	616	4,329	05/02/2024	05/15/2032
91282C-EP-2	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	30,878	89.8594	31,451	35,000	31,162 .....	.....0	475 .....	.....0 .....	.....0	2.875	4.650	MN	131	1,421	05/02/2024	05/15/2032
91282C-FE-6	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	297,738	99.3164	297,949	300,000	299,514 .....	.....0	775 .....	.....0 .....	.....0	3.125	3.391	FA	3,541	9,375	08/24/2022	08/15/2025
91282C-GC-9	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	198,727	98.8828	197,766	200,000	199,196 .....	.....0	253 .....	.....0 .....	.....0	3.875	4.019	JD	21	11,625	02/14/2023	12/31/2027
91282C-GM-7	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	149,766	93.0625	139,594	150,000	149,810 .....	.....0	26 .....	.....0 .....	.....0	3.500	3.518	FA	1,983	5,250	04/14/2023	02/15/2033
91282C-GP-0	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	385,027	99.1172	386,557	390,000	386,749 .....	.....0	967 .....	.....0 .....	.....0	4.000	4.285	FA	5,301	15,600	03/02/2023	02/29/2028
91282C-GS-4	UNITED STATES TREASURY .....	.....	.....	.....	.. 1.A	150,586	96.3906	144,586	150,000	150,462 .....	.....0	(73) .....	.....0 .....	.....0	3.625	3.560	MS	1,389	5,438	04/14/2023	03/31/2030
0019999999	Subtotal - Bonds - U.S. Governments - Issuer Obligations					6,088,639	XXX	5,563,817	6,190,000	6,134,038	0	12,329	0	0	XXX	XXX	XXX	34,883	130,100	XXX	XXX
36179V-HF-0	G2 MA6530 - RMBS .....	.....	.....	4 .....	.. 1.A	22,205	81.7456	18,135	22,185	22,335 .....	.....0	(5) .....	.....0 .....	.....0	2.500	2.409	MON	46	566	03/12/2020	03/20/2050
36179V-VX-5	G2 MA6930 - RMBS .....	.....	.....	4 .....	.. 1.A	628,998	80.1125	484,744	605,079	630,521 .....	.....0	(580) .....	.....0 .....	.....0	2.000	1.488	MON	1,008	12,387	09/29/2020	10/20/2050
36179V-Z0-6	G2 MA7051 - RMBS .....	.....	.....	4 .....	.. 1.A	263,908	80.2021	202,909	252,998	264,343 .....	.....0	(255) .....	.....0 .....	.....0	2.000	1.455	MON	422	5,178	12/17/2020	12/20/2050
36179W-BY-3	G2 MA7255 - RMBS .....	.....	.....	4 .....	.. 1.A	188,232	83.7055	152,020	181,613	188,886 .....	.....0	(141) .....	.....0 .....	.....0	2.500	1.980	MON	378	4,650	03/09/2021	03/20/2051
36179W-LQ-9	G2 MA7535 - RMBS .....	.....	.....	4 .....	.. 1.A	547,363	86.9208	549,083	631,705	547,031 .....	.....0	(332) .....	.....0 .....	.....0	3.000	5.046	MON	1,579 .....	.....0	12/19/2024	08/20/2051
36179W-QB-7	G2 MA7650 - RMBS .....	.....	.....	4 .....	.. 1.A	546,867	86.8899	548,886	631,703	546,532 .....	.....0	(335) .....	.....0 .....	.....0	3.000	5.045	MON	1,579 .....	.....0	12/19/2024	10/20/2051
36179W-TZ-1	G2 MA7768 - RMBS .....	.....	.....	4 .....	.. 1.A	377,973	86.8590	379,216	436,588	377,741 .....	.....0	(231) .....	.....0 .....	.....0	3.000	5.027	MON	1,091 .....	.....0	12/19/2024	12/20/2051
36179X-H2-5	G2 MA8349 - RMBS .....	.....	.....	4 .....	.. 1.A	579,548	99.5300	582,862	585,615	579,447 .....	.....0	(92) .....	.....0 .....	.....0	5.500	5.703	MON	2,684	33,747	11/28/2023	10/20/2052
38384A-GU-1	GNR 2023-065 HL - CMO/RMBS .....	.....	.....	4 .....	.. 1.A	149,086	96.6341	144,951	150,000	149,137 .....	.....0	35 .....	.....0 .....	.....0	5.000	5.091	MON	625	7,500	05/11/2023	01/20/2053
0029999999	Subtotal - Bonds - U.S. Governments - Residential Mortgage-Backed Securities					3,304,181	XXX	3,062,807	3,497,485	3,305,972	0	(1,937)	0	0	XXX	XXX	XXX	9,414	64,029	XXX	XXX
0109999999	Total - U.S. Government Bonds					9,392,819	XXX	8,626,624	9,687,485	9,440,010	0	10,392	0	0	XXX	XXX	XXX	44,297	194,129	XXX	XXX
0309999999	Total - All Other Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
373384-2X-3	GEORGIA ST .....	..SD..	.....	2 .....	.. 1.A FE	254,508	98.7280	241,884	245,000	245,099 .....	.....0	(1,391) .....	.....0 .....	.....0	4.250	3.760	FA	4,339	12,846	07/21/2015	02/01/2030
373384-2X-3	GEORGIA ST .....	.....	.....	2 .....	.. 1.A FE	223,344	98.7280	212,265	215,000	215,089 .....	.....0	(791) .....	.....0 .....	.....0	4.250	3.752	FA	3,807	6,704	07/21/2015	02/01/2030

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
373384-SC-6	GEORGIA ST .....	...	...	1,2 .....	.. 1.A FE	257,750 .....	..88.6200	221,550	250,000	251,410	0	(1,260)	0	0	2.800	2.270	FA	2,917	7,000	09/23/2019	02/01/2032
373384-ZS-8	GEORGIA ST .....	...	...	2 .....	.. 1.A FE	334,828 .....	..92.1440	304,075	330,000	330,000	0	0	0	0	3.250	3.250	JJ	5,363	10,725	05/31/2019	07/01/2031
373385-CB-7	GEORGIA ST .....	...	...	1,2 .....	.. 1.A FE	318,312 .....	..85.4770	256,431	300,000	305,460	0	(2,509)	0	0	3.200	2.398	FA	4,125	9,900	08/14/2019	02/01/2037
373385-FX-6	GEORGIA ST .....	..SD..	...	1,2 .....	.. 1.A FE	838,337 .....	..78.5890	656,218	835,000	836,562	0	(367)	0	0	1.350	1.303	FA	4,697	11,273	06/22/2021	08/01/2032
373385-FX-6	GEORGIA ST .....	...	...	1,2 .....	.. 1.A FE	111,022 .....	..78.5890	90,377	115,000	112,204	0	341	0	0	1.350	1.693	FA	647	1,553	06/22/2021	08/01/2032
419792-J7-2	HAWAII ST .....	...	...	1 .....	.. 1.C FE	200,000	101.5500	203,100	200,000	200,000	0	0	0	0	4.925	4.923	AO	2,463	9,850	10/20/2022	10/01/2028
649791-PY-0	NEW YORK ST .....	...	...	1,2 .....	.. 1.B FE	200,108 .....	..85.7820	171,564	200,000	200,054	0	(7)	0	0	2.900	2.893	FA	2,191	5,800	10/29/2019	02/15/2033
68609T-7H-5	OREGON .....	...	...	1 .....	.. 1.B FE	100,000 .....	..97.4910	97,491	100,000	100,000	0	0	0	0	3.492	3.491	MN	582	3,492	05/11/2022	05/01/2028
68609T-NH-7	OREGON .....	..SD..	...	1 .....	.. 1.B FE	140,000 .....	..89.7500	125,650	140,000	140,000	0	0	0	0	2.246	2.246	MN	524	3,249	10/09/2019	11/01/2029
68609T-NH-7	OREGON .....	...	...	1 .....	.. 1.B FE	10,000 .....	..89.7500	8,975	10,000	10,000	0	0	0	0	2.246	2.246	MN	37	120	10/09/2019	11/01/2029
762223-PZ-2	RHODE ISLAND ST .....	...	...	1 .....	.. 1.C FE	150,000	101.6610	152,492	150,000	150,000	0	0	0	0	5.199	5.199	JD	650	8,427	10/25/2023	12/01/2026
882724-DA-2	TEXAS ST .....	..SD..	...	2 .....	.. 1.A FE	201,828 .....	..96.0030	192,006	200,000	200,618	0	(226)	0	0	3.160	3.035	FA	2,633	6,320	03/20/2019	08/01/2028
97705M-SC-0	WISCONSIN ST .....	..SD..	...	1,2 .....	.. 1.B FE	150,000 .....	..81.3750	122,063	150,000	150,000	0	0	0	0	1.736	1.736	MN	434	3,038	06/25/2020	05/01/2032
0419999999	Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations					3,490,038	XXX	3,056,141	3,440,000	3,446,496	0	(6,210)	0	0	XXX	XXX	XXX	35,408	100,296	XXX	XXX
0509999999	Total - U.S. States, Territories and Possessions Bonds					3,490,038	XXX	3,056,141	3,440,000	3,446,496	0	(6,210)	0	0	XXX	XXX	XXX	35,408	100,296	XXX	XXX
033162-JF-6	ANCHORAGE ALASKA .....	...	...	1 .....	.. 1.D FE	89,157 .....	..91.1260	91,126	100,000	92,379	0	1,898	0	0	1.896	4.161	MS	632	1,896	04/06/2023	09/01/2028
212204-JP-7	CONTRA COSTA CALIF CUNTY COLLEGE DIST .....	...	...	1,2 .....	.. 1.B FE	25,000 .....	..83.8530	20,963	25,000	25,000	0	0	0	0	2.563	2.563	FA	267	641	08/29/2019	08/01/2033
346604-LP-4	FORSYTH CNTY GA SCH DIST .....	...	...	1 .....	.. 1.A FE	200,000 .....	..92.1510	184,302	200,000	200,000	0	0	0	0	1.713	1.713	FA	1,428	3,426	11/17/2021	02/01/2028
758449-SC-7	REEDY CREEK IMPT DIST FLA .....	...	...	1 .....	.. 1.D FE	100,205 .....	..85.8990	85,899	100,000	100,122	0	(17)	0	0	2.297	2.276	JD	191	2,297	02/12/2020	06/01/2031
95736V-FA-5	WESTCHESTER CNTY N Y .....	...	...	1 .....	.. 1.D FE	206,020 .....	..101.8800	203,760	200,000	204,223	0	(955)	0	0	5.000	4.412	JD	444	10,000	12/15/2022	12/15/2028
0619999999	Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations					620,382	XXX	586,050	625,000	621,724	0	925	0	0	XXX	XXX	XXX	2,962	18,260	XXX	XXX
0709999999	Total - U.S. Political Subdivisions Bonds					620,382	XXX	586,050	625,000	621,724	0	925	0	0	XXX	XXX	XXX	2,962	18,260	XXX	XXX
040654-YA-7	ARIZONA ST TRANSN BRD HIWY REV .....	..SD..	...	1 .....	.. 1.B FE	100,000 .....	..89.1280	89,128	100,000	100,000	0	0	0	0	2.462	2.462	JJ	1,231	2,462	01/10/2020	07/01/2030
047870-SN-1	ATLANTA GA WTR & WASTEWR REV .....	..SD..	...	2 .....	.. 1.D FE	100,912 .....	..79.7460	79,746	100,000	100,556	0	(89)	0	0	2.257	2.155	MN	376	2,257	10/30/2020	11/01/2035
052414-TE-9	AUSTIN TEX ELEC UTIL SYS REV .....	..SD..	...	1,2 .....	.. 1.D FE	100,000 .....	..87.9280	87,928	100,000	100,000	0	0	0	0	2.785	2.785	MN	356	2,785	07/31/2019	11/15/2031
13077D-QJ-4	CALIFORNIA ST UNIV REV .....	..SD..	...	1 .....	.. 1.D FE	200,706 .....	..84.8060	169,612	200,000	200,462	0	(73)	0	0	1.794	1.752	MN	598	3,588	08/25/2021	11/01/2030
164243-VX-2	CHEROKEE CNTY GA WTR & SEW AUTH REV .....	...	...	1 .....	.. 1.B FE	245,000 .....	..94.5910	231,748	245,000	245,000	0	0	0	0	1.900	1.900	FA	1,940	4,655	05/27/2020	08/01/2027
199144-WY-8	COLUMBUS GA WTR & SEW REV .....	...	...	1 .....	.. 1.C FE	200,000 .....	..93.9840	187,968	200,000	200,000	0	0	0	0	2.544	2.544	MN	848	5,088	11/20/2019	05/01/2028
261172-QE-3	DOWNTOWN SAVANNAH AUTH GA REV .....	..SD..	...	2 .....	.. 1.B FE	676,087 .....	..95.1770	642,445	675,000	675,439	0	(116)	0	0	3.600	3.580	FA	10,125	24,980	09/14/2018	08/01/2029
261172-QE-3	DOWNTOWN SAVANNAH AUTH GA REV .....	...	...	2 .....	.. 1.B FE	40,064 .....	..95.1770	38,071	40,000	40,027	0	(3)	0	0	3.600	3.580	FA	600	760	09/14/2018	08/01/2029
346609-LK-4	FORSYTH CNTY GA WTR & SEW AUTH REV .....	...	...	1 .....	.. 1.A FE	233,663 .....	..97.4040	243,510	250,000	241,089	0	6,808	0	0	2.012	4.999	AO	1,258	5,030	11/28/2023	04/01/2026
346609-LP-3	FORSYTH CNTY GA WTR & SEW AUTH REV .....	...	...	1 .....	.. 1.A FE	250,000 .....	..89.9460	224,865	250,000	250,000	0	0	0	0	2.374	2.374	AO	1,484	5,935	02/18/2022	04/01/2030
403720-HA-6	GIWINNETT CNTY GA DEV AUTH REV .....	..SD..	...	2 .....	.. 1.A FE	486,355 .....	..85.4370	427,185	500,000	488,587	0	392	0	0	4.140	4.319	MS	6,900	20,700	11/07/2018	09/01/2043
403757-AP-2	GIWINNETT CNTY GA URBAN REDEV AGY REV .....	..SD..	...	2 .....	.. 1.A FE	150,899 .....	..93.7780	140,667	150,000	150,000	0	(38)	0	0	3.900	3.865	MS	1,950	6,500	12/18/2018	09/01/2032
403757-AP-2	GIWINNETT CNTY GA URBAN REDEV AGY REV .....	...	...	2 .....	.. 1.A FE	50,300 .....	..93.7780	46,889	50,000	50,000	0	(3)	0	0	3.900	3.899	MS	650	1,300	12/18/2018	09/01/2032
451174-AD-8	IDAHO ENERGY RES AUTH TRANSMISSION FACS .....	..SD..	...	1 .....	.. 1.C FE	75,000 .....	..94.7800	71,085	75,000	75,000	0	0	0	0	2.952	2.952	MS	738	2,214	09/12/2017	08/01/2028
451174-AD-8	IDAHO ENERGY RES AUTH TRANSMISSION FACS .....	...	...	1 .....	.. 1.C FE	25,000 .....	..94.7800	23,695	25,000	25,000	0	0	0	0	2.952	2.951	MS	246	738	09/12/2017	09/01/2028
47770V-AY-6	JOBSCHIO BEVERAGE SYS OHIO STATEWIDE LIQ .....	...	...	1 .....	.. 1.C FE	116,103 .....	..98.8740	108,761	110,000	112,748	0	(679)	0	0	3.985	3.313	JJ	2,590	4,782	04/03/2019	01/01/2029
591745-7S-7	METROPOLITAN ATLANTA RAPID TRANSIT AUTHO .....	...	...	1 .....	.. 1.A FE	238,541 .....	..93.5570	257,282	275,000	254,279	0	7,631	0	0	1.646	4.884	JJ	2,263	4,527	11/18/2022	07/01/2027
591745-7T-5	METROPOLITAN ATLANTA RAPID TRANSIT AUTHO .....	...	...	1 .....	.. 1.A FE	150,000 .....	..91.2100	136,815	150,000	150,000	0	0	0	0	1.746	1.746	AO	1,310	2,619	12/10/2021	07/01/2028
594698-TB-8	MICHIGAN ST STRATEGIC FD LTD OBLIG REV .....	...	...	1 .....	.. 1.C FE	200,000 .....	..92.1570	184,314	200,000	200,000	0	0	0	0	2.770	2.770	AO	1,170	5,540	03/03/2022	10/15/2029
79771F-FJ-1	SAN FRANCISCO CALIF CITY & CNTY PUB UTIL .....	...	...	2 .....	.. 1.D FE	661,393 .....	..88.1140	687,289	780,000	685,121	0	11,483	0	0	2.803	4.922	MN	3,644	21,863	11/18/2022	11/01/2031
82707B-DU-0	SILICON VY CLEAN WTR CALIF WASTEWR REV .....	...	...	1,2 .....	.. 1.C FE	165,000 .....	..82.7500	136,538	165,000	165,000	0	0	0	0	2.082	2.082	FA	1,431	3,435	03/03/2021	08/01/2032

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
0819999999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					4,465,021	XXX	4,215,540	4,640,000	4,508,309	0	25,312	0	0	XXX	XXX	XXX	41,707	131,758	XXX	XXX
3128MJ-IV-8	FH G08659 - RMBS			4	1.A	69,492	90.4459	63,238	69,918	69,261	0	48	0	0	3.500	3.654	MON	204	2,510	05/02/2018	08/01/2045
3132DN-EZ-2	FEDERAL HOME LOAN MORTGAGE CORPORATION -			4	1.A	484,833	91.8827	480,259	522,687	484,871	0	38	0	0	4.000	5.100	MON	1,742	1,742	11/21/2024	06/01/2052
3132DU-AS-6	FH S06317 - RMBS			4	1.A	161,868	98.7421	161,294	163,348	161,867	0	(1)	0	0	5.500	5.696	MON	749	0	12/19/2024	05/01/2054
3132DU-EJ-2	FH S06437 - RMBS			4	1.A	169,114	99.1755	169,200	170,607	169,114	0	(1)	0	0	5.500	5.669	MON	782	0	12/19/2024	06/01/2054
31335A-BE-7	FH G60037 - RMBS			4	1.A	91,685	88.7043	83,655	94,308	91,639	0	168	0	0	3.000	3.515	MON	236	2,910	08/08/2018	10/01/2043
3133KJ-KK-3	FH RA3382 - RMBS			4	1.A	58,970	85.1272	58,123	68,278	58,954	0	(16)	0	0	3.000	4.890	MON	171	0	12/17/2024	08/01/2050
3137HD-XE-5	FHR 5443 CY - CMO/RMBS			4	1.A	812,406	96.3165	770,532	800,000	812,023	0	(383)	0	0	5.500	5.310	MON	3,667	11,000	08/29/2024	08/25/2054
3140W0-AZ-8	FN FA0023 - RMBS			4	1.A	162,079	85.8886	159,951	186,231	162,022	0	(57)	0	0	3.000	4.885	MON	466	0	12/17/2024	04/01/2052
3140XM-AY-2	FN FS5422 - RMBS			4	1.A	129,767	94.6143	128,816	136,149	130,030	0	257	0	0	4.500	5.266	MON	511	6,242	12/08/2023	08/01/2053
3140XM-Y5-9	FN FS6131 - RMBS			4	1.A	196,384	82.1116	192,327	234,226	196,650	0	265	0	0	2.500	4.667	MON	488	2,440	07/30/2024	03/01/2052
3140XN-S4-7	FN FS6838 - RMBS			4	1.A	188,447	98.7544	188,664	191,044	188,442	0	(5)	0	0	5.500	5.771	MON	876	0	12/19/2024	11/01/2053
3140XR-RA-5	FN FS9480 - RMBS			4	1.A	125,804	85.2912	124,091	145,491	125,770	0	(35)	0	0	3.000	4.924	MON	364	0	12/17/2024	05/01/2051
3141BE-RJ-1	FN MA4988 - RMBS			4	1.A	527,211	98.1275	531,039	541,172	526,863	0	(334)	0	0	5.000	5.529	MON	2,255	28,723	11/28/2023	04/01/2043
0829999999	Subtotal - Bonds - U.S. Special Revenues - Residential Mortgage-Backed Securities					3,178,061	XXX	3,111,190	3,323,460	3,177,505	0	(55)	0	0	XXX	XXX	XXX	12,508	55,567	XXX	XXX
0909999999	Total - U.S. Special Revenues Bonds					7,643,082	XXX	7,326,730	7,963,460	7,685,814	0	25,258	0	0	XXX	XXX	XXX	54,215	187,326	XXX	XXX
00724P-AG-4	ADOBE INC			1,2	1.E FE	99,805	99.1054	99,105	100,000	99,823	0	18	0	0	4.950	4.974	AO	1,196	2,475	04/01/2024	04/04/2034
025816-DH-9	AMERICAN EXPRESS CO			2,5	1.F FE	100,000	100.9434	100,943	100,000	100,000	0	0	0	0	5.282	5.283	JJ	2,245	5,282	07/25/2023	07/27/2029
032654-BA-2	ANALOG DEVICES INC			1,2	1.G FE	218,628	97.4545	226,095	232,000	222,503	0	3,547	0	0	3.450	5.250	JD	356	8,004	11/28/2023	06/15/2027
03522A-AH-3	ANHEUSER-BUSCH COMPANIES LLC			1,2	2.C FE	393,752	94.8263	379,305	400,000	393,860	0	108	0	0	4.700	4.881	FA	7,833	0	10/11/2024	02/01/2036
035240-AQ-3	ANHEUSER-BUSCH INBEV WORLDWIDE INC			1,2	1.G FE	97,823	100.0342	100,034	100,000	98,300	0	376	0	0	4.750	5.220	JJ	2,085	4,750	09/22/2023	01/23/2029
040555-CS-1	ARIZONA PUBLIC SERVICE CO			1,2	2.A FE	96,372	99.3080	99,308	100,000	99,061	0	2,464	0	0	3.150	5.760	MN	403	3,150	11/28/2023	05/15/2025
04636N-AM-5	ASTRAZENECA FINANCE LLC			1,2	1.F FE	149,816	99.9025	149,854	150,000	149,845	0	29	0	0	4.900	4.920	FA	2,552	3,675	02/21/2024	02/26/2031
06051G-LA-5	BANK OF AMERICA CORP			1,2,5	1.G FE	245,861	99.9941	249,985	250,000	248,578	0	2,485	0	0	4.827	5.408	JJ	5,330	12,068	11/28/2023	07/22/2026
072863-AB-9	BAYLOR SCOTT & WHITE HOLDINGS			1,2	1.D FE	95,269	98.3853	98,385	100,000	97,848	0	2,363	0	0	3.095	5.668	MN	395	3,095	11/28/2023	11/15/2025
10373Q-BX-7	BP CAPITAL MARKETS AMERICA INC			1,2	1.E FE	99,980	99.4121	99,412	100,000	100,014	0	34	0	0	4.699	4.695	AO	1,057	3,524	01/04/2024	04/10/2029
13645R-AY-0	CANADIAN PACIFIC RAILWAY CO			1,2	2.A FE	102,249	97.3255	97,326	100,000	100,843	0	(244)	0	0	4.000	3.716	JD	333	4,000	08/21/2018	06/01/2028
141781-BY-9	CARGILL INC			1,2	1.F FE	498,783	100.1753	500,876	500,000	499,684	0	434	0	0	4.875	4.960	AO	5,484	24,375	11/18/2022	10/10/2025
172967-NX-5	CITIGROUP INC			1,2,5	1.G FE	249,008	100.5132	251,283	250,000	249,611	0	550	0	0	5.610	5.746	MS	3,584	14,025	11/28/2023	09/29/2026
17325F-BG-2	CITIBANK NA			1,2	1.E FE	281,614	101.2284	278,378	275,000	281,359	0	(254)	0	0	5.570	5.251	AO	2,595	7,659	06/24/2024	04/30/2034
24422E-XD-6	JOHN DEERE CAPITAL CORP			1,2	1.E FE	401,657	101.2753	405,101	400,000	401,072	0	(542)	0	0	5.150	4.982	MS	6,466	20,600	11/28/2023	09/08/2026
254687-FN-1	WALT DISNEY CO			1	1.F FE	194,843	99.6876	199,375	200,000	199,105	0	3,904	0	0	3.350	5.379	MS	1,805	6,700	11/28/2023	03/24/2025
391380-AA-3	GREAT-WEST LIFE CO FINANCE 2018 LP	SD		1,2	1.F FE	54,821	96.4486	53,047	55,000	54,932	0	18	0	0	4.047	4.086	MN	272	2,226	05/15/2018	05/17/2028
391380-AA-3	GREAT-WEST LIFE CO FINANCE 2018 LP			1,2	1.F FE	44,853	96.4486	43,402	45,000	44,945	0	16	0	0	4.047	4.086	MN	223	1,821	05/15/2018	05/17/2028
423012-AF-0	HEINERKEN NV	C		1,2	2.A FE	99,352	96.2891	96,289	100,000	99,792	0	67	0	0	3.500	3.572	JJ	1,478	3,500	03/20/2017	01/29/2028
437076-OP-5	HOME DEPOT INC			1,2	1.F FE	498,114	89.2277	499,675	560,000	498,213	0	99	0	0	3.250	5.080	AO	3,842	0	12/26/2024	04/15/2032
46647P-EB-8	JPMORGAN CHASE & CO			1,2,5	1.E FE	100,000	99.8697	99,870	100,000	100,000	0	0	0	0	5.012	5.013	JJ	2,200	2,506	01/16/2024	01/23/2030
501044-DJ-7	KROGER CO	SD		1,2	2.A FE	50,056	97.5810	48,790	50,000	50,017	0	(6)	0	0	3.700	3.686	FA	771	1,850	08/25/2017	08/01/2027
501044-DJ-7	KROGER CO			1,2	2.A FE	50,056	97.5810	48,790	50,000	50,019	0	(5)	0	0	3.700	3.685	FA	771	1,850	08/25/2017	08/01/2027
641062-BA-1	NESTLE HOLDINGS INC			1	1.D FE	265,317	99.6794	269,134	270,000	268,158	0	2,600	0	0	4.000	5.016	MS	3,270	10,800	11/28/2023	09/12/2025
716973-AD-4	PFIZER INVESTMENT ENTERPRISES PTE LTD	C		1,2	1.F FE	98,522	98.9510	98,951	100,000	98,800	0	193	0	0	4.650	4.907	MN	543	4,650	07/27/2023	05/19/2030
72014T-AC-3	PIEDMONT HEALTHCARE INC			1,2	1.E FE	269,480	81.8889	266,139	325,000	270,107	0	626	0	0	2.044	4.922	JJ	3,322	0	11/26/2024	01/01/2032
78016H-ZQ-6	ROYAL BANK OF CANADA			1	1.E FE	547,905	98.3656	541,011	550,000	548,038	0	133	0	0	5.000	5.053	MN	4,507	13,750	06/24/2024	05/02/2033
808513-BW-4	CHARLES SCHWAB CORP			1,2	1.F FE	101,598	97.1066	97,107	100,000	100,387	0	(180)	0	0	3.300	3.100	AO	825	3,300	08/21/2017	04/01/2027

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
85440K-AB-0	LELAND STANFORD JUNIOR UNIVERSITY .....	..SD..	.....	1,2 .....	.. 1.A FE ..	.....100,671	..94.5187	.....94,519	.....100,000	.....100,305	.....0	.....(69)	.....0	.....0	.....3.089	.....3.009	MN .....	.....515	.....3,089	.....03/22/2019	.....05/01/2029
89115A-2Y-7	TORONTO-DOMINION BANK .....	.....	.....	1 .....	.. 1.F FE ..	.....150,000	..99.8331	.....149,750	.....150,000	.....150,000	.....0	.....0	.....0	.....0	.....4.994	.....4.992	AO .....	.....1,790	.....3,746	.....03/26/2024	.....04/05/2029
904764-BB-2	UNILEVER CAPITAL CORP .....	..SD..	.....	1,2 .....	.. 1.E FE ..	.....98,308	..99.6714	.....99,671	.....100,000	.....99,940	.....0	.....269	.....0	.....0	.....3.375	.....3.653	MS .....	.....928	.....3,375	.....04/25/2018	.....03/22/2025
92826C-AD-4	VISA INC .....	.....	.....	1,2 .....	.. 1.D FE ..	.....288,894	..98.8725	.....296,618	.....300,000	.....294,705	.....0	.....5,319	.....0	.....0	.....3.150	.....5.077	JD .....	.....446	.....9,450	.....11/28/2023	.....12/14/2025
1019999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						6,143,405	XXX	6,137,529	6,312,000	6,169,863	0	24,352	0	0	XXX	XXX	XXX	69,421	189,294	XXX	XXX
02589B-AE-0	AMXCA 2024-3 A - ABS .....	.....	.....	4 .....	.. 1.A FE ..	.....294,987	..100.2489	.....295,734	.....295,000	.....294,988	.....0	.....1	.....0	.....0	.....4.650	.....4.697	MON .....	.....610	.....5,411	.....07/16/2024	.....07/16/2029
12664Q-AC-8	CNH 2023-A A3 - ABS .....	.....	.....	4 .....	.. 1.A FE ..	.....139,213	..100.3371	.....140,472	.....140,000	.....139,520	.....0	.....308	.....0	.....0	.....4.810	.....5.164	MON .....	.....299	.....5,051	.....03/13/2024	.....08/15/2028
38012Q-AD-0	GMALT 2024-3 A3 - ABS .....	.....	.....	4 .....	.. 1.A FE ..	.....49,994	..99.4282	.....49,714	.....50,000	.....49,995	.....0	.....1	.....0	.....0	.....4.210	.....4.254	MON .....	.....64	.....462	.....09/24/2024	.....10/20/2027
47800R-AD-5	JDOT 2024 A3 - ABS .....	.....	.....	4 .....	.. 1.A FE ..	.....59,997	..100.7308	.....60,439	.....60,000	.....59,998	.....0	.....1	.....0	.....0	.....4.960	.....5.014	MON .....	.....132	.....2,199	.....03/11/2024	.....11/15/2028
65479U-AE-8	NART-24A-A4 - ABS .....	.....	.....	4 .....	.. 1.A FE ..	.....155,268	..101.3708	.....152,056	.....150,000	.....154,871	.....0	.....(396)	.....0	.....0	.....5.180	.....4.080	MON .....	.....345	.....1,943	.....09/25/2024	.....04/15/2031
85208N-AE-0	SPRINTS 1A2 - ABS .....	.....	.....	1 .....	.. 1.F FE ..	.....159,799	..100.4676	.....163,260	.....162,500	.....160,407	.....0	.....724	.....0	.....0	.....5.152	.....6.079	MJSD .....	.....256	.....8,855	.....11/28/2023	.....09/20/2029
1049999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities						859,257	XXX	861,675	857,500	859,779	0	639	0	0	XXX	XXX	XXX	1,707	23,920	XXX	XXX
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						7,002,662	XXX	6,999,204	7,169,500	7,029,642	0	24,991	0	0	XXX	XXX	XXX	71,128	213,214	XXX	XXX
1309999999. Total - Hybrid Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1909999999. Subtotal - Bonds - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2419999999. Total - Issuer Obligations						20,807,485	XXX	19,559,077	21,207,000	20,880,431	0	56,708	0	0	XXX	XXX	XXX	184,382	569,708	XXX	XXX
2429999999. Total - Residential Mortgage-Backed Securities						6,482,242	XXX	6,173,997	6,820,945	6,483,477	0	(1,992)	0	0	XXX	XXX	XXX	21,922	119,597	XXX	XXX
2439999999. Total - Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2449999999. Total - Other Loan-Backed and Structured Securities						859,257	XXX	861,675	857,500	859,779	0	639	0	0	XXX	XXX	XXX	1,707	23,920	XXX	XXX
2459999999. Total - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2469999999. Total - Affiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2479999999. Total - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2489999999. Total - Unaffiliated Certificates of Deposit						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2509999999 - Total Bonds						28,148,983	XXX	26,594,749	28,885,445	28,223,687	0	55,355	0	0	XXX	XXX	XXX	208,010	713,224	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
Number
1A 1A ...\$ 17,697,590 1B ...\$ 1,889,743 1C ...\$ 1,127,748 1D ...\$ 1,939,351 1E ...\$ 1,900,352 1F ...\$ 2,056,318 1G ...\$ 818,993
1B 2A ...\$399,732 2B ...\$0 2C ...\$393,860
1C 3A ...\$0 3B ...\$0 3C ...\$0
1D 4A ...\$0 4B ...\$0 4C ...\$0
1E 5A ...\$0 5B ...\$0 5C ...\$0
1F 6\$0

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned
N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned
N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
36179W-LQ-9	G2 MA7535 - RMBS .....		..12/19/2024 ..	Morgan Stanley .....		.....547,363 .....	.....631,705 .....	.....1,000
36179W-QB-7	G2 MA7650 - RMBS .....		..12/19/2024 ..	Mizuho .....		.....546,867 .....	.....631,703 .....	.....1,000
36179W-TZ-1	G2 MA7768 - RMBS .....		..12/19/2024 ..	BANK OF NYC/GOLDMAN .....		.....377,973 .....	.....436,588 .....	.....691
91282C-EP-2	UNITED STATES TREASURY .....		..05/02/2024 ..	Citigroup .....		.....176,445 .....	.....200,000 .....	.....2,733
0109999999. Subtotal - Bonds - U.S. Governments						.....1,648,648 .....	.....1,899,996 .....	.....5,425
3132DN-EZ-2	FEDERAL HOME LOAN MORTGAGE CORPORATION - .....		..11/21/2024 ..	Citigroup .....		.....486,978 .....	.....524,999 .....	.....1,225
3132DU-AS-6	FH SD6317 - RMBS .....		..12/19/2024 ..	Bank of Montreal .....		.....161,868 .....	.....163,348 .....	.....474
3132DU-EJ-2	FH SD6437 - RMBS .....		..12/19/2024 ..	Citigroup .....		.....169,114 .....	.....170,607 .....	.....495
3133KJ-XK-3	FH RA3382 - RMBS .....		..12/17/2024 ..	CANTOR FITZGERALD + CO. ....		.....58,970 .....	.....68,278 .....	.....97
3137HD-XE-5	FHR 5443 CY - CMO/RMBS .....		..08/29/2024 ..	Citigroup .....		.....812,406 .....	.....800,000 .....	.....367
3140W0-AZ-8	FN FA0023 - RMBS .....		..12/17/2024 ..	Morgan Stanley .....		.....162,079 .....	.....186,231 .....	.....264
3140XM-Y5-9	FN FS6131 - RMBS .....		..07/30/2024 ..	BNP Paribas .....		.....201,224 .....	.....239,999 .....	.....500
3140XN-S4-7	FN FS6838 - RMBS .....		..12/19/2024 ..	Citigroup .....		.....188,447 .....	.....191,044 .....	.....555
3140XR-RA-5	FN FS9480 - RMBS .....		..12/17/2024 ..	Citigroup .....		.....125,804 .....	.....145,491 .....	.....206
0909999999. Subtotal - Bonds - U.S. Special Revenues						.....2,366,891 .....	.....2,489,998 .....	.....4,182
00724P-AG-4	ADOBE INC .....		..04/01/2024 ..	JP Morgan Securities LLC .....		.....99,805 .....	.....100,000 .....	.....0
02589B-AE-0	AMXCA 2024-3 A - ABS .....		..07/16/2024 ..	Citi Bank .....		.....294,987 .....	.....295,000 .....	.....0
03522A-AH-3	ANHEUSER-BUSCH COMPANIES LLC .....		..10/11/2024 ..	BZW SECS .....		.....393,752 .....	.....400,000 .....	.....3,864
04636N-AM-5	ASTRAZENECA FINANCE LLC .....		..02/21/2024 ..	UBS .....		.....149,816 .....	.....150,000 .....	.....0
10373Q-BX-7	BP CAPITAL MARKETS AMERICA INC .....		..01/04/2024 ..	JP Morgan Securities LLC .....		.....99,980 .....	.....100,000 .....	.....0
12664Q-AC-8	CNH 2023-A A3 - ABS .....		..03/13/2024 ..	SOCIETE GENERALE .....		.....139,213 .....	.....140,000 .....	.....0
17325F-BG-2	CITIBANK NA .....		..06/24/2024 ..	CITADEL .....		.....281,614 .....	.....275,000 .....	.....2,340
38012Q-AD-0	GMALT 243 A3 - ABS .....		..09/24/2024 ..	Wells .....		.....49,994 .....	.....50,000 .....	.....0
437076-CP-5	HOME DEPOT INC .....		..12/26/2024 ..	BANK OF NYC/GOLDMAN .....		.....498,114 .....	.....560,000 .....	.....3,640
46647P-EB-8	JPMORGAN CHASE & CO .....		..01/16/2024 ..	JP Morgan Securities LLC .....		.....100,000 .....	.....100,000 .....	.....0
47800R-AD-5	JDOT 2024 A3 - ABS .....		..03/11/2024 ..	Citigroup .....		.....59,997 .....	.....60,000 .....	.....0
65479U-AE-8	NART-24A-A4 - ABS .....		..09/25/2024 ..	IFCSMUNI .....		.....155,268 .....	.....150,000 .....	.....237
72014T-AC-3	PIEDMONT HEALTHCARE INC .....		..11/26/2024 ..	MARKETTX .....		.....269,480 .....	.....325,000 .....	.....2,694
78016H-ZQ-6	ROYAL BANK OF CANADA .....		..06/24/2024 ..	TDBank .....		.....547,905 .....	.....550,000 .....	.....4,049
89115A-2Y-7	TORONTO-DOMINION BANK .....		..03/26/2024 ..	TORONTO DOMINION SECS USA INC .....		.....150,000 .....	.....150,000 .....	.....0
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						.....3,289,923 .....	.....3,405,000 .....	.....16,825
2509999997. Total - Bonds - Part 3						.....7,305,462 .....	.....7,794,994 .....	.....26,432
2509999998. Total - Bonds - Part 5						.....0 .....	.....0 .....	.....0
2509999999. Total - Bonds						.....7,305,462 .....	.....7,794,994 .....	.....26,432
4509999997. Total - Preferred Stocks - Part 3						.....0	XXX .....	.....0
4509999998. Total - Preferred Stocks - Part 5						.....0	XXX .....	.....0
4509999999. Total - Preferred Stocks						.....0	XXX .....	.....0
5989999997. Total - Common Stocks - Part 3						.....0	XXX .....	.....0
5989999998. Total - Common Stocks - Part 5						.....0	XXX .....	.....0
5989999999. Total - Common Stocks						.....0	XXX .....	.....0
5999999999. Total - Preferred and Common Stocks						.....0	XXX .....	.....0
6009999999 - Totals						.....7,305,462	XXX .....	.....26,432

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identi- fication	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con- sideration	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 Recognized	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
36179V-HF-0	G2 MA6530 - RMBS		12/01/2024	Paydown		1,399	1,399	1,400	1,409	0	(10)	0	(10)	0	1,399	0	0	0	9	03/20/2050
36179V-VX-5	G2 MA6930 - RMBS		12/01/2024	Paydown		52,924	52,924	55,016	55,186	0	(2,262)	0	(2,262)	0	52,924	0	0	0	303	10/20/2050
36179V-ZQ-6	G2 MA7051 - RMBS		12/01/2024	Paydown		22,197	22,197	23,154	23,209	0	(1,011)	0	(1,011)	0	22,197	0	0	0	129	12/20/2050
36179W-BY-3	G2 MA7255 - RMBS		12/01/2024	Paydown		17,208	17,208	17,836	17,907	0	(699)	0	(699)	0	17,208	0	0	0	124	03/20/2051
36179X-H2-5	G2 MA8349 - RMBS		12/01/2024	Paydown		93,701	93,701	92,731	92,731	0	970	0	970	0	93,701	0	0	0	1,593	10/20/2052
912828-6X-3	UNITED STATES TREASURY		12/19/2024	Morgan Stanley		1,648,602	1,700,000	1,592,200	1,625,095	0	29,170	0	29,170	0	1,654,265	0	(5,663)	(5,663)	38,110	05/31/2026
912828-J2-7	UNITED STATES TREASURY		06/21/2024	JP Morgan		48,965	50,000	49,334	49,932	0	6	0	6	0	49,938	0	(973)	(973)	357	02/15/2025
912828-W4-8	UNITED STATES TREASURY		02/29/2024	Maturity @ 100.00		250,000	250,000	248,604	249,965	0	35	0	35	0	250,000	0	0	0	2,656	02/29/2024
91282C-EF-4	UNITED STATES TREASURY		11/21/2024	SMBC-Global		192,109	200,000	200,523	200,347	0	(90)	0	(90)	0	200,257	0	(8,148)	(8,148)	5,728	03/31/2027
91282C-EY-3	UNITED STATES TREASURY		06/21/2024	Bank of Montreal		195,805	200,000	200,273	200,147	0	(43)	0	(43)	0	200,103	0	(4,299)	(4,299)	5,654	07/15/2025
0109999999. Subtotal - Bonds - U.S. Governments						2,522,910	2,587,429	2,481,071	2,515,928	0	26,065	0	26,065	0	2,541,993	0	(19,083)	(19,083)	54,663	XXX
13063D-3Q-9	CALIFORNIA STATE		06/21/2024	JP Morgan		212,180	200,000	211,294	210,184	0	(679)	0	(679)	0	209,506	0	2,674	2,674	9,767	03/01/2030
419792-M5-2	HAWAII ST		06/21/2024	FUMB FUNDS II RAYMOND JAMES & ASSOCIATES INC.		100,860	100,000	100,000	100,000	0	0	0	0	0	100,000	0	860	860	2,470	10/01/2030
605581-MH-7	MISSISSIPPI ST		11/21/2024			92,106	100,000	100,000	100,000	0	0	0	0	0	100,000	0	(7,894)	(7,894)	2,529	10/01/2028
68608K-NE-4	OREGON		08/01/2024	Maturity @ 100.00		15,000	15,000	15,519	15,028	0	(28)	0	(28)	0	15,000	0	0	0	861	08/01/2024
76222R-YC-0	RHODE ISLAND ST & PROVIDENCE PLANTATIONS		05/01/2024	Maturity @ 100.00		15,000	15,000	15,266	15,019	0	(19)	0	(19)	0	15,000	0	0	0	225	05/01/2024
76222R-YD-8	RHODE ISLAND ST & PROVIDENCE PLANTATIONS		06/21/2024	MARKETAXESS		24,493	25,000	25,483	25,114	0	(40)	0	(40)	0	25,073	0	(580)	(580)	485	05/01/2025
882723-PZ-6	TEXAS ST		10/01/2024	Call @ 100.00		150,000	150,000	160,799	151,609	0	(1,609)	0	(1,609)	0	150,000	0	0	0	5,862	10/01/2031
917542-QV-7	UTAH ST - MBS		06/25/2024	SUMRIDGE PARTNERS LLC		69,188	69,868	75,215	70,558	0	(220)	0	(220)	0	70,338	0	(1,150)	(1,150)	2,438	07/01/2025
97705M-SC-0	WISCONSIN ST		11/21/2024	Various		40,976	50,000	50,000	50,000	0	0	0	0	0	50,000	0	(9,025)	(9,025)	482	05/01/2025
97705M-VN-2	WISCONSIN ST		11/21/2024	Jefferies & Co., Inc.		175,570	200,000	200,000	200,000	0	0	0	0	0	200,000	0	(24,430)	(24,430)	2,968	05/01/2029
0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions						895,372	924,868	953,574	937,512	0	(2,595)	0	(2,595)	0	934,917	0	(39,545)	(39,545)	28,087	XXX
146441-CT-5	CARTERSVILLE GA		11/21/2024	Adjustment		152,432	200,000	147,806	149,231	0	2,240	0	2,240	0	151,471	0	961	961	4,556	10/01/2038
64966M-EF-2	NEW YORK CITY		08/01/2024	Maturity @ 100.00		100,000	100,000	100,130	100,010	0	(10)	0	(10)	0	100,000	0	0	0	0	08/01/2024
848644-6M-7	SPOKANE CNTY WASH		11/21/2024	Adjustment		203,430	200,000	205,004	204,662	0	(442)	0	(442)	0	204,220	0	(790)	(790)	9,728	12/01/2031
0709999999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						455,862	500,000	452,940	453,903	0	1,788	0	1,788	0	455,691	0	171	171	16,394	XXX
072024-W5-7	BAY AREA TOLL AUTH CALIF TOLL BRDG REV		05/29/2024	Adjustment		139,964	150,000	150,000	150,000	0	0	0	0	0	150,000	0	(10,037)	(10,037)	2,842	04/01/2031
235036-4R-8	DALLAS FORT WORTH TEX INTL ARPT REV		12/24/2024	UBS		219,783	250,000	245,330	246,229	0	504	0	504	0	246,733	0	(26,950)	(26,950)	7,360	11/01/2030
3128MJ-WV-8	FH G08659 - RMBS		12/01/2024	Paydown		6,544	6,544	6,504	6,478	0	66	0	66	0	6,544	0	0	0	65	08/01/2045
3132DN-EZ-2	FEDERAL HOME LOAN MORTGAGE CORPORATION -		12/01/2024	Paydown		2,312	2,312	2,145	0	0	167	0	167	0	2,312	0	0	0	8	06/01/2052
31335A-BE-7	FH G60037 - RMBS		12/01/2024	Paydown		10,108	10,108	9,826	9,807	0	301	0	301	0	10,108	0	0	0	87	10/01/2043
3136AA-XU-4	FNR 2012-133 EB - CMO/RMBS		11/21/2024	Various		238,387	250,000	252,813	250,856	0	(259)	0	(259)	0	250,597	0	(12,210)	(12,210)	7,157	12/25/2032
3140XM-AY-2	FN F55422 - RMBS		12/01/2024	Paydown		9,580	9,580	9,131	9,134	0	446	0	446	0	9,580	0	0	0	121	08/01/2053
3140XM-Y5-9	FN F56131 - RMBS		12/01/2024	Paydown		5,773	5,773	4,840	0	0	933	0	933	0	5,773	0	0	0	34	03/01/2052
31418E-RJ-1	FN MA4988 - RMBS		12/01/2024	Paydown		107,983	107,983	105,197	105,203	0	2,780	0	2,780	0	107,983	0	0	0	1,622	04/01/2043
360066-PN-8	FULTON CNTY GA WTR & SEW REV		11/21/2024	Adjustment		344,232	400,000	328,867	329,538	0	2,520	0	2,520	0	332,059	0	12,174	12,174	16,667	11/01/2041
47770V-AY-6	JOBSOHIO BEVERAGE SYS OHIO STATEWIDE LIQ		12/02/2024	Call @ 100.00		40,000	40,000	42,219	41,180	0	(67)	0	(67)	0	41,113	0	(1,113)	(1,113)	797	01/01/2029
574297-DZ-7	MARYLAND ST STAD AUTH SPORTS FACS LEASE		11/21/2024	Adjustment		47,141	50,000	50,000	50,000	0	0	0	0	0	50,000	0	(2,859)	(2,859)	1,944	03/01/2029
68607V-4P-7	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE		11/21/2024	Adjustment		195,992	200,000	200,000	200,000	0	0	0	0	0	200,000	0	(4,008)	(4,008)	9,501	04/01/2030
68607V-Z9-9	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE		12/19/2024	RAYMOND JAMES & ASSOCIATES INC.		24,364	25,000	25,000	25,000	0	0	0	0	0	25,000	0	(637)	(637)	828	04/01/2026
86932U-CG-8	SUSTAINABLE ENERGY UTIL INC DEL ENERGY E		11/25/2024	Jefferies & Co., Inc.		92,464	100,000	100,000	100,000	0	0	0	0	0	100,000	0	(7,536)	(7,536)	2,746	09/15/2028
0909999999. Subtotal - Bonds - U.S. Special Revenues						1,484,625	1,607,300	1,531,872	1,523,426	0	7,390	0	7,390	0	1,537,801	0	(53,176)	(53,176)	51,779	XXX
20030N-DZ-1	COMCAST CORP		10/23/2024	Call @ 100.00		201,806	200,000	199,968	199,971	0	21	0	21	0	199,992	0	8	8	11,898	11/07/2025
278265-AE-3	MORGAN STANLEY		09/18/2024	Wells		98,439	100,000	102,131	100,747	0	(168)	0	(168)	0	100,580	0	(2,141)	(2,141)	3,335	04/06/2027
28364G-AJ-2	ENTERGY CORP		12/19/2024	BZW SECS		96,887	100,000	95,448	98,569	0	508	0	508	0	99,077	0	(2,190)	(2,190)	3,843	09/01/2026
29717P-AQ-0	ESSEX PORTFOLIO LP		12/19/2024	BZW SECS		98,050	100,000	99,286	99,788	0	90	0	90	0	99,878	0	(1,828)	(1,828)	3,984	04/15/2026

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con- sideration	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 Recognized	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	
31428X-BF-2	FEDEX CORP .....		..12/19/2024	TORONTO DOMINION BK		98,143	100,000	99,796	99,950	0	23	0	23	0	99,973	0	(1,830)	(1,830)	3,963	..04/01/2026
46625H-KC-3	JPMORGAN CHASE & CO .....		..06/24/2024	MORGAN SECURITIES-FIXED INC		147,933	150,000	149,481	149,937	0	30	0	30	0	149,967	0	(2,034)	(2,034)	4,323	..01/23/2025
494368-BU-6	KIMBERLY-CLARK CORP .....		..12/19/2024	MCDONALD & CO SECURITIES INC		100,011	102,000	96,238	100,196	0	808	0	808	0	101,004	0	(993)	(993)	3,779	..02/15/2026
606822-BD-5	MITSUBISHI UFJ FINANCIAL GROUP INC	C	..03/07/2024	Maturity @ 100.00		50,000	50,000	50,000	50,000	0	0	0	0	0	50,000	0	0	0	852	..03/07/2024	
68233J-AZ-7	ONCOR ELECTRIC DELIVERY COMPANY LLC .....		..12/24/2024	RBC		99,454	100,000	99,738	99,962	0	31	0	31	0	99,993	0	(539)	(539)	3,647	..04/01/2025
85208N-AE-0	SPRINTS 1A2 - ABS .....		..12/20/2024	Paydown		50,000	50,000	49,169	49,215	0	785	0	785	0	50,000	0	0	0	1,127	..09/20/2029
89566E-AG-3	TRI-STATE GENERATION AND TRANSMISSION AS .....		..06/24/2024	TRADEWEB		59,398	60,000	59,548	59,936	0	37	0	37	0	59,973	0	(575)	(575)	1,443	..11/01/2024
94106L-AZ-2	WASTE MANAGEMENT INC .....		..05/15/2024	Maturity @ 100.00		200,000	200,000	197,426	199,824	0	176	0	176	0	200,000	0	0	0	3,500	..05/15/2024
98389B-AR-1	XCEL ENERGY INC .....		..06/14/2024	J P MORGAN SECURITIES		195,596	200,000	192,646	193,087	0	2,180	0	2,180	0	195,267	0	329	329	3,593	..06/01/2025
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,495,717	1,512,000	1,490,876	1,501,182	0	4,520	0	4,520	0	1,505,702	0	(11,792)	(11,792)	49,287	XXX	
2509999997. Total - Bonds - Part 4						6,854,486	7,131,598	6,910,333	6,931,951	0	37,168	0	37,168	0	6,976,104	0	(123,424)	(123,424)	200,210	XXX	
2509999998. Total - Bonds - Part 5						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2509999999. Total - Bonds						6,854,486	7,131,598	6,910,333	6,931,951	0	37,168	0	37,168	0	6,976,104	0	(123,424)	(123,424)	200,210	XXX	
4509999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4509999998. Total - Preferred Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5989999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5989999998. Total - Common Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5989999999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5999999999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6009999999 - Totals						6,854,486	XXX	6,910,333	6,931,951	0	37,168	0	37,168	0	6,976,104	0	(123,424)	(123,424)	200,210	XXX	

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

N O N E

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

N O N E

Schedule D - Part 6 - Section 2

N O N E

Schedule DA - Part 1 - Short-Term Investments Owned

N O N E

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

N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

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 B - Section 2 - Futures Contracts Terminated

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 as of December 31 of
Current Year

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	93,860	4. April.....	0	7. July.....	0	10. October.....	0
2. February.....	17	5. May.....	0	8. August.....	0	11. November.....	0
3. March.....	7,013	6. June.....	0	9. September.....	0	12. December.....	(10)

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]

E28

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1	2	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3	4	5	6
	Type of Deposit	Purpose of Deposit	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value
1. Alabama	AL		0	0	0	0
2. Alaska	AK		0	0	0	0
3. Arizona	AZ		0	0	0	0
4. Arkansas	AR	B. PROPERTY & CASUALTY RESERVE	0	0	245,785	243,029
5. California	CA		0	0	0	0
6. Colorado	CO		0	0	0	0
7. Connecticut	CT		0	0	0	0
8. Delaware	DE	B. WORKER'S COMPENSATION	0	0	149,113	122,461
9. District of Columbia	DC		0	0	0	0
10. Florida	FL		0	0	0	0
11. Georgia	GA	B. PROPERTY & CASUALTY RESERVE	0	0	83,578	81,574
12. Hawaii	HI		0	0	0	0
13. Idaho	ID	B. WORKER'S COMPENSATION	0	0	276,397	255,579
14. Illinois	IL		0	0	0	0
15. Indiana	IN		0	0	0	0
16. Iowa	IA		0	0	0	0
17. Kansas	KS		0	0	0	0
18. Kentucky	KY		0	0	0	0
19. Louisiana	LA		0	0	0	0
20. Maine	ME		0	0	0	0
21. Maryland	MD		0	0	0	0
22. Massachusetts	MA	B. PROPERTY & CASUALTY RESERVE	0	0	208,538	165,037
23. Michigan	MI		0	0	0	0
24. Minnesota	MN		0	0	0	0
25. Mississippi	MS		0	0	0	0
26. Missouri	MO		0	0	0	0
27. Montana	MT		0	0	0	0
28. Nebraska	NE		0	0	0	0
29. Nevada	NV	B. MULTIPLE	0	0	342,920	291,566
30. New Hampshire	NH	B. MULTIPLE	3,704,548	3,313,463	0	0
31. New Jersey	NJ		0	0	0	0
32. New Mexico	NM	B. MULTIPLE	0	0	792,874	685,880
33. New York	NY		0	0	0	0
34. North Carolina	NC	B. PROPERTY & CASUALTY RESERVE	0	0	347,785	310,628
35. North Dakota	ND		0	0	0	0
36. Ohio	OH		0	0	0	0
37. Oklahoma	OK		0	0	0	0
38. Oregon	OR	B. PROPERTY & CASUALTY RESERVE	0	0	140,000	125,650
39. Pennsylvania	PA		0	0	0	0
40. Rhode Island	RI		0	0	0	0
41. South Carolina	SC		0	0	0	0
42. South Dakota	SD		0	0	0	0
43. Tennessee	TN		0	0	0	0
44. Texas	TX		0	0	0	0
45. Utah	UT		0	0	0	0
46. Vermont	VT		0	0	0	0
47. Virginia	VA	B. MULTIPLE	0	0	594,692	523,593
48. Washington	WA		0	0	0	0
49. West Virginia	WV		0	0	0	0
50. Wisconsin	WI		0	0	0	0
51. Wyoming	WY		0	0	0	0
52. American Samoa	AS		0	0	0	0
53. Guam	GU		0	0	0	0
54. Puerto Rico	PR		0	0	0	0
55. U.S. Virgin Islands	VI		0	0	0	0
56. Northern Mariana Islands	MP		0	0	0	0
57. Canada	CAN		0	0	0	0
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	3,704,548	3,313,463	3,181,682	2,804,997
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

ANNUAL STATEMENT BLANK

ALPHABETICAL INDEX

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	102
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3.....	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3.....	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	27
Schedule F - Part 5	28
Schedule F - Part 6	29
Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 4	31
Schedule H - Part 5 - Health Claims	32

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 1 - Summary	33
Schedule P - Part 1A - Homeowners/Farmowners	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	38
Schedule P - Part 1E - Commercial Multiple Peril	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P - Part 1J - Auto Physical Damage	46
Schedule P - Part 1K - Fidelity/Surety	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	48
Schedule P - Part 1M - International	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	55
Schedule P - Part 1T - Warranty	56
Schedule P - Part 1U - Warranty	57
Schedule P - Part 2, Part 3 and Part 4 - Summary	34
Schedule P - Part 2A - Homeowners/Farmowners	58
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	58
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	58
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	58
Schedule P - Part 2E - Commercial Multiple Peril	58
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	59
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	59
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	59
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	59
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	59
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	60
Schedule P - Part 2J - Auto Physical Damage	60
Schedule P - Part 2K - Fidelity, Surety	60
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	60
Schedule P - Part 2M - International	60
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	61
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	61
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	61
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	62
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	62
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	62
Schedule P - Part 2T - Warranty	62
Schedule P - Part 2U - Pet Insurance Plans	62
Schedule P - Part 3A - Homeowners/Farmowners	63
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	63
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	63
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	63
Schedule P - Part 3E - Commercial Multiple Peril	63
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	64
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	64
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	64
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	64
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	64
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	65
Schedule P - Part 3J - Auto Physical Damage	65
Schedule P - Part 3K - Fidelity/Surety	65
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	65
Schedule P - Part 3M - International	65
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	66
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	66
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	66
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	67
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	67
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	67
Schedule P - Part 3T - Warranty	67
Schedule P - Part 3U - Pet Insurance Plans	67

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	68
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	68
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	68
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	68
Schedule P - Part 4E - Commercial Multiple Peril	68
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	69
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	69
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	69
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	69
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	69
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	70
Schedule P - Part 4J - Auto Physical Damage	70
Schedule P - Part 4K - Fidelity/Surety	70
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	70
Schedule P - Part 4M - International	70
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	71
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	71
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	71
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	72
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	72
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	72
Schedule P - Part 4T - Warranty	72
Schedule P - Part 4U - Pet Insurance Plans	72
Schedule P - Part 5A - Homeowners/Farmowners	73
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	74
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	75
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	76
Schedule P - Part 5E - Commercial Multiple Peril	77
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	79
Schedule P - Part 5F - Medical Professional Liability - Occurrence	78
Schedule P - Part 5H - Other Liability - Claims-Made	81
Schedule P - Part 5H - Other Liability - Occurrence	80
Schedule P - Part 5R - Products Liability - Claims-Made	83
Schedule P - Part 5R - Products Liability - Occurrence	82
Schedule P - Part 5T - Warranty	84
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	85
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	85
Schedule P - Part 6E - Commercial Multiple Peril	86
Schedule P - Part 6H - Other Liability - Claims-Made	87
Schedule P - Part 6H - Other Liability - Occurrence	86
Schedule P - Part 6M - International	87
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	88
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	88
Schedule P - Part 6R - Products Liability - Claims-Made	89
Schedule P - Part 6R - Products Liability - Occurrence	89
Schedule P - Part 7A - Primary Loss Sensitive Contracts	90
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	92
Schedule P Interrogatories	94
Schedule T - Exhibit of Premiums Written	95
Schedule T - Part 2 - Interstate Compact	96
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	97
Schedule Y - Part 1A - Detail of Insurance Holding Company System	98
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	99
Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control	100
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	101
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11