ALLMERICA SECURITIES TRUST Form N-8F May 12, 2006

Form N-8F

| I | General Identifying Information | |
|-------------|---------------------------------------|--|
| 1. | Reason fund is applying to d | eregister (check only one; for descriptions, see Instruction 1 above): |
| | Merger | |
| | x Liquidation | |
| (Not | | istration ion answer <i>only</i> questions 1 through 15, 24 and 25 of this form and complete verification at the end of the |
| (Not | | Business Development Company npanies answer <i>only</i> questions 1 through 10 of this form and complete verification at the end of the form.) |
| 2. | Name of fund: Allmerica Se | curities Trust |
| 3. | Securities and Exchange Co. | mmission File No.: 811-02338 |
| 4. | Is this an initial Form N-8F | or an amendment to a previously filed Form N-8F? |
| | x Initial Application | "Amendment |
| 5. 440 l | Address of Principal Execution Street | ve Office (include No. & Street, City, State, Zip Code): |
| Wor | orcester, MA 01653 | |
| 6. | Name, address and telephone | e number of individual the Commission staff should contact with any questions regarding this form: |
| | Kenneth Holston, Esq. | Sheila B. St. Hilaire, Esq. |

Ropes & Gray LLP One International Place Boston, MA 02110 (617) 951-7847; or,

Face-amount certificate company.

The Hanover Insurance Group 440 Lincoln Street Worcester, MA 01653 (508) 855-4194

7. Name, address and telephone number of individual or entity responsible for maintenance and preservation of fund records in accordance with rules 31a-1 and 31a-2 under the Act [17 CFR 270.31a-1, 31a-2]:
NOTE: Once deregistered, a fund is still required to maintain and preserve the records described in rules 31a-1 and 31a-2 for the periods specified in those rules.
Sheila B. St. Hilaire
The Hanover Insurance Group
440 Lincoln Street
Worcester, MA 01653
(508) 855-4194
8. Classification of fund (check only one):
x Management company;
" Unit investment trust; or

| 9. | Subclassification if the fund is a management company (check only one): | | | | |
|-------|---|--|--|--|--|
| | " Open-end x Closed-end | | | | |
| 10. | State law under which the fund was organized or formed (e.g., Delaware, Massachusetts): Massachusetts | | | | |
| | Provide the name and address of each investment adviser of the fund (including sub-advisers) during the last five years, even if the fund contracts with those advisers have been terminated. us Investment Management, Inc. | | | | |
| 440 | Lincoln Street | | | | |
| Wor | cester, MA 01653 | | | | |
| (508 |) 855-4194 | | | | |
| | | | | | |
| 12. | Provide the name and address of each principal underwriter of the fund during the last five years, even if the fund s contracts with those underwriters have been terminated: | | | | |
| 13. | If the fund is a unit investment trust (UIT) provide: | | | | |
| | (a) Depositor s name(s) and address(es): Not applicable (b) Trustee s name(s) and address(es): Not applicable | | | | |
| 14. | Is there a UIT registered under the Act that served as a vehicle for investment in the fund (e.g., an insurance company separate account)? | | | | |
| If Ye | " Yes x No es, for each UIT state: | | | | |
| Nam | ne(s): | | | | |
| File | No.: | | | | |
| Busi | ness Address: | | | | |
| | | | | | |
| 15. | (a) Did the fund obtain approval from the board of directors concerning the decision to engage in a Merger, Liquidation or Abandonment of Registration? | | | | |
| If Y | x Yes "No No ses, state the date on which the board vote took place: <i>April 13, 2006</i> " | | | | |
| | o, explain: | | | | |

| (b) | Registration? " Yes | btain approval from the shareholders concerning the decision to engage in a Merger, Liquidation or Abandonment of x No |
|-------------|---------------------|---|
| If Yes, sta | ate the date on wh | ich the shareholder vote took place: |
| | If No, explain: | The fund s organizational documents authorize the Board of Trustees to liquidate the fund without obtaining shareholder approval. |

II. Distribution to Shareholders

16. Has the fund distributed any assets to its shareholders in connection with the Merger or Liquidation?

x Yes " No

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| (a) | If Yes, list the date(s) on which the fund made those distributions: May 12, 2006 |
|---|---|
| (b) | Were the distributions made on the basis of net assets? |
| | x Yes "No |
| (c) | Were the distributions made <i>pro rata</i> based on share ownership? |
| | x Yes " No |
| (d) | If No to (b) or (c) above, describe the method of distributions to shareholders. For Mergers, provide the exchange ratio(s) used and explain how it was calculated: |
| (e) Were any | Liquidations only: distributions to shareholders made in kind? |
| If Yes, inc | " Yes x No dicate the percentage of fund shares owned by affiliates, or any other affiliation of shareholders: |
| | sed-end funds only: and issued senior securities? |
| If Yes, de | Yes x No scribe the method of calculating payments to senior security holders and distributions to other shareholders: |
| 18. Has | the fund distributed <i>all</i> of its assets to the fund s shareholders? |
| assets of f accrued o Sharehold liquidatin | Yes* "No 12, 2006, the fund delivered to The Bank of New York, the fund s paying agent, for distribution to shareholders of the fund, all of the fund after the provision for all outstanding obligations, taxes, expenses relating to the liquidation of the fund and other liabilities, or contingent. For shares of the fund held through book-entry, the liquidating distributions were paid automatically on May 12, 2006. Hers holding certificates representing their shares must surrender their share certificates to the paying agent in order to receive their g distribution. Any liquidating distributions not claimed by a certificated shareholder will be escheated by the paying agent in ce with the relevant state law. None of the fund assets delivered to The Bank of New York will be returned to the fund. |
| If No, | |
| (2) | How many shareholders does the fund have as of the date this form is filed? |

- (b) Describe the relationship of each remaining shareholder to the fund:
- 19. Are there any shareholders who have not yet received distributions in complete liquidation of their interests?

" Yes x No*

*Please see the response to 18 above.

If Yes, describe briefly the plans (if any) for distributing to, or preserving the interests of, those shareholders:

| 20. Does the fund have any assets as of the date this form is filed? (See question 18 above) |
|---|
| x Yes* " No If Yes, |
| (a) Describe the type and amount of each asset retained by the fund as of the date this form is filed: * See the response to 18 above. |
| The fund has retained \$132,102 in cash in a custodial account |
| (b) Why has the fund retained the remaining assets? For the provision of expenses relating to the liquidation of the fund and other liabilities, accrued or contingent. |
| (c) Will the remaining assets be invested in securities? |
| " Yes x No |
| 21. Does the fund have any outstanding debts (other than face-amount certificates if the fund is a face-amount certificate company) or a other liabilities? |
| x Yes " No If Yes, |
| (a) Describe the type and amount of each debt or other liability: Expenses in connection with the liquidation of the fund. See responses to 22 (a) below. |
| (b) How does the fund intend to pay these outstanding debts or other liabilities? The fund will pay these outstanding debts and other liabilities in cash out of the custodial account. See responses to 20 (a) and (b) above. |
| IV. Information About Event(s) Leading to Request For Deregistration |

 $22. \quad (a) \quad List \ the \ expenses \ incurred \ in \ connection \ with \ the \ Merger \ or \ Liquidation:$

Legal Expenses: Approximately \$74,000

(i)

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- (ii) Accounting expenses: \$0
- (iii) Other expenses (list and identify separately): Paying Agent Expenses: Approximately \$70,000

Custodial Account: Approximately \$11,000

- (iv) Total expenses (sum of lines (i)-(iii) above): Approximately \$155,000
- (b) How were those expenses allocated? All expenses were allocated to the fund.
- (c) Who paid those expenses? The fund paid or will pay these expenses.
- (d) How did the fund pay for unamortized expenses (if any)? There were none.

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| 23. | Has tl | he fund previously filed an application for an order of the Commission regarding the Merger or Liquidation? | | |
|------|----------|--|--|--|
| | es, cite | Yes x No the release numbers of the Commission s notice and order or, if no notice or order has been issued, the file number and date the was filed: | | |
| v. | Conc | lusion of Fund Business | | |
| 24. | Is the | he fund a party to any litigation or administrative proceeding? | | |
| If Y | | Yes x No cribe the nature of any litigation or proceeding and the position taken by the fund in that litigation: | | |
| 25. | Is the | fund now engaged, or intending to engage, in any business activities other than those necessary for winding up its affairs? | | |
| If Y | | Yes x No cribe the nature and extent of those activities: | | |
| VI. | Merg | gers Only | | |
| 26. | (a) | State the name of the fund surviving the Merger: | | |
| | (b) | State the Investment Company Act file number of the fund surviving the Merger: | | |
| | (c) | If the merger or reorganization agreement has been filed with the Commission, state the file number(s), form type used | | |
| | | and date the agreement was filed: | | |
| | (d) | If the merger or reorganization agreement has <i>not</i> been filed with the Commission, provide a copy of the agreement as | | |
| | | an exhibit to this form. | | |
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| | | | | |

VERIFICATION

The undersigned states that (i) she has executed this Form N-8F application for an order under section 8(f) of the Investment Company Act of 1940 on behalf of Allmerica Securities Trust, (ii) she is the Secretary of Allmerica Securities Trust, and (iii) allactions by shareholders, directors, and any other body necessary to authorize the undersigned to execute and file this Form N-8F application have been taken. The undersigned also states that the facts set forth in this Form N-8F application are true to the best of her knowledge, information and belief.

/s/ Sheila B, St. Hilaire Title: Secretary

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