

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **830012** (1)

1. Corporation Name
THE HANOVER INSURANCE COMPANY



Principal Place of Business

100 NORTH PARKWAY
WORCESTER MA 01605

Mailing Address

100 NORTH PARKWAY
WORCESTER MA 01605

3. Date Incorporated or Qualified **01/08/1973** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number **13-5129825** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE _____ Signature of the Registered Agent _____ Date _____

12. OFFICERS AND DIRECTORS

1. TITLE: C [] DELETE
NAME: O'BRIEN, JOHN F.
STREET ADDRESS: 440 LINCOLN STREET
CITY, ST., ZIP: WORCESTER MA

2. TITLE: D [] DELETE
NAME: BAKER, RICHARD J
STREET ADDRESS: 440 LINCOLN ST.
CITY, ST., ZIP: WORCESTER MA 01653

3. TITLE: D [] DELETE
NAME: MCAULIFFE, JAMES R
STREET ADDRESS: 440 LINCOLN ST.
CITY, ST., ZIP: WORCESTER MA 01653

4. TITLE: S [] DELETE
NAME: CAHILL, WILLIAM J. JR.
STREET ADDRESS: 440 LINCOLN STREET
CITY, ST., ZIP: WORCHESTER MA

5. TITLE: D [] DELETE
NAME: RUPLEY, THEODORE J
STREET ADDRESS: 440 LINCOLN ST.
CITY, ST., ZIP: WORCESTER MA 01653

6. TITLE: D [] DELETE
NAME: SIMONSEN, ERIC A
STREET ADDRESS: 440 LINCOLN ST.
CITY, ST., ZIP: WORCESTER MA 01653

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: C/D [] Change [] Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY, ST., ZIP: 01653 [] Change [] Addition

2. TITLE: [] Change [] Addition
2. NAME: [] Change [] Addition
2. STREET ADDRESS: [] Change [] Addition
2. CITY, ST., ZIP: [] Change [] Addition

3. TITLE: [] Change [] Addition
3. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
3. CITY, ST., ZIP: [] Change [] Addition

4. TITLE: [] Change [] Addition
4. NAME: [] Change [] Addition
4. STREET ADDRESS: [] Change [] Addition
4. CITY, ST., ZIP: 01653 [] Change [] Addition

5. TITLE: P/O [] Change [] Addition
5. NAME: [] Change [] Addition
5. STREET ADDRESS: [] Change [] Addition
5. CITY, ST., ZIP: [] Change [] Addition

6. TITLE: [] Change [] Addition
6. NAME: [] Change [] Addition
6. STREET ADDRESS: [] Change [] Addition
6. CITY, ST., ZIP: 01653 [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: *William Cahill Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)