

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90402 037 ***150.00

CR1741A AT

DOCUMENT # 830012
 1. Entity Name
THE HANOVER INSURANCE COMPANY

Principal Place of Business Mailing Address
100 NORTH PARKWAY **100 NORTH PARKWAY**
WORCESTER MA 01605 **WORCESTER MA 01605**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
13-5129825 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32314
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'BRIEN, JOHN F. 440 LINCOLN STREET WORCESTER MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Mark C. McGivney 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRY, EDWARD J III 440 LINCLON ST WORCESTER MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bruce C. Anderson 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAHILL, WILLIAM J. JR. 440 LINCOLN STREET WORCHESTER MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mark R. Colborn 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, JOHN BARRY 440 LINCOLN ST. WORCESTER MA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV J. Kendall Huber 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONSEN, ERIC A 440 LINCOLN ST. WORCESTER MA 01653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV John P. Kavanaugh 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MCAULIFFE, JAMES ROBERT 645 WEST GRAND RIVER HOWELL MI 48843 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Edward J. Parry, III 440 Lincoln Street Worcester, MA 01605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles F. Cronin* **Charles F. Cronin** **April 4, 2002** **(508)855-2319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

*Attachment
7/15/14*

**2002 UNIFORM BUSINESS REPORT
DOCUMENT # 830012
The Hanover Insurance Company**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	DV	
NAME:	Gregroy D. Tranter	change
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	D	
NAME:	Mark A. Hug	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	V	
NAME:	Bradley M. Darrow	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	V	
NAME:	Peter H. Lapuc	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	V	
NAME:	Lori A. Manchester	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	V	
NAME:	Robert F. O'Shea	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	V	
NAME:	Mary C. Ritter	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	D	
NAME:	Richard M. Reilly	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

TITLE:	PD	
NAME:	Robert P. Restrepo, Jr.	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

Attachment

TITLE:	S	
NAME:	Charles F. Cronin	addition
STREET ADDRESS:	440 Lincoln Street	
CITY-ST-ZIP:	Worcester, MA 01605	

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