

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90029 022 \*\*\*150.00

**DOCUMENT # 830012**

1. Entity Name  
**THE HANOVER INSURANCE COMPANY**



Principal Place of Business  
**440 LINCOLN STREET  
WORCESTER, MA 01653**

Mailing Address  
**440 LINCOLN STREET  
WORCESTER, MA 01653**



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-5129825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
MCGIVNEY, MARK C  
440 LINCOLN STREET  
WORCESTER, MA 01605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
ANDERSON, BRUCE C  
440 LINCOLN ST  
WORCESTER, MA 01605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
HUBER, KENDALL J  
440 LINCOLN ST.  
WORCESTER, MA 01605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
KAVANAUGH, JOHN P  
440 LINCOLN ST.  
WORCESTER, MA 01605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
PARRY III, EDWARD J  
440 LINCOLN STREET  
WORCESTER, MA 01605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/04**

Date

**(508) 855-2319**

Daytime Phone #

Attachment

**2003 UNIFORM BUSINESS REPORT**

**DOCUMENT # 830012**

**The Hanover Insurance Company**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

TITLE:	D/P
NAME:	Mhayse G. Samalya
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

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

**DELETE**

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