

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90102 001 ***600.00

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04152008 Chg-P CR2E034 (12/06)

| | | | | | |
|--|---------------------|---|---|--|-----------------------------------|
| 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 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 13-5129825 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCGIVNEY, MARK C | | NAME | | |
| STREET ADDRESS | 440 LINCOLN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | WORCESTER, MA 01605 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HUBER, KENDALL J | | NAME | | |
| STREET ADDRESS | 440 LINCOLN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WORCESTER, MA 01605 | | CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARRY III, EDWARD J | | NAME | | |
| STREET ADDRESS | 440 LINCOLN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | WORCESTER, MA 01605 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TRANER, GREGORY D | | NAME | | |
| STREET ADDRESS | 440 LINCOLN ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | WORCESTER, MA 01605 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HYATT, JAMES S | | NAME | | |
| STREET ADDRESS | 440 LINCLON ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | WORCESTER, MA 01605 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | 4/23/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT

66009635

2008 UNIFORM BUSINESS REPORT
DOCUMENT # 830012

The Hanover Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP
NAME: Marita Zuraitis
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

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

TITLE: DV
NAME: David J. Firstenburg
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D
NAME: Bryan D. Allan
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D
NAME: Eugene M. Bullis
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

ADDITION

TITLE: C
NAME: Frederick H. Eppinger
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

ADDITION

TITLE: TV
NAME: Robert P. Myron
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

ADDITION