2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# P27805

Entity Name: NOVA INSURANCE GROUP, INC.

Current Principal Place of Business:

8350 NW 52 TERRACE
SUITE 204
MIAMI, FL 33166 US

New Principal Place of Business:

440 LINCOLN STREET
WORCESTER, MA 01653 US

Current Mailing Address:

726 EXCHANGE ST
SUITE 1020
BUFFALO, NY 14210 US

New Mailing Address:

440 LINCOLN STREET
WORCESTER, MA 01653 US

FEI Number: 06-1276047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RAPPAPORT, CRAIG M
Address: 2 WATERSIDE CROSSING, SUITE 400
City-St-Zip: WINDSOR, CT 06095 US

Title: SECR
Name: CRONIN, CHARLES F
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: TREA
Name: TRIPP, ANN K
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653 US

Title: DIR
Name: RAPPAPORT, CRAIG M
Address: 2 WATERSIDE CROSSING, SUITE 400
City-St-Zip: WINDSOR, CT 06095 US

Title: DIR
Name: ROBINSON, ANDREW S
Address: 440 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES F. CRONIN SECR 03/15/2012

Electronic Signature of Signing Officer or Director Date