

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004568

Entity Name: HANOVER SPECIALTY INSURANCE BROKERS, INC.**Current Principal Place of Business:**440 LINCOLN STREET
WORCESTER, MA 01653**Current Mailing Address:**440 LINCOLN STREET
WORCESTER, MA 01653**FEI Number:** 52-1172293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title DIRECTOR
Name ROCHE, JOHN C
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title TREASURER, VP
Name LESLIE, CRAIG W
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title SECRETARY
Name CRONIN, CHARLES F
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR, EVP
Name FARBER, JEFFREY M
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title PRESIDENT
Name ZUBRETSKY, JOSEPH M
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title EVP, ASST. SECRETARY
Name HUBER, J. KENDALL
Address 440 LINCOLN STREET
City-State-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**SECRETARY****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date