

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27805

Entity Name: NOVA INSURANCE GROUP, INC.**Current Principal Place of Business:**440 LINCOLN STREET
WORCESTER, MA 01653**Current Mailing Address:**440 LINCOLN STREET
WORCESTER, MA 01653 US**FEI Number:** 06-1276047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 PRES, DIR
Name RAPPAPORT, CRAIG M
Address 5 WATERSIDE CROSSING, SUITE 201
City-State-Zip: WINDSOR CT 06095

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

Title TREA, VP
Name FURMAN, ANDREW C
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title DIR
Name ROBINSON, ANDREW S
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

Title CFO, EVP
Name GREENFIELD, DAVID B
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title SVP, CIO
Name TRIPP, ANN K.
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****04/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date