

**2014 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:** Yes**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****04/30/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date