

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