


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90138 011 \*\*\*150.00

<b>DOCUMENT # 830012</b>	
1. Entity Name <b>THE HANOVER INSURANCE COMPANY</b>	

Principal Place of Business <b>440 LINCOLN STREET WORCESTER, MA 01653</b>	Mailing Address <b>440 LINCOLN STREET WORCESTER, MA 01653</b>
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**50046840**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-5129825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCGIVNEY, MARK C 440 LINCOLN STREET WORCESTER, MA 01605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, BRUCE C 440 LINCLON ST WORCESTER, MA 01605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBER, KENDALL J 440 LINCOLN ST. WORCESTER, MA 01605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAVANAUGH, JOHN P 440 LINCOLN ST. WORCESTER, MA 01605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRY III, EDWARD J 440 LINCOLN STREET WORCESTER, MA 01605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Brabazon *John Brabazon* 4/27/05 (508) 855-2531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50046840

2005 UNIFORM BUSINESS REPORT  
DOCUMENT # 830072  
The Hanover Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DV  
NAME: Gregroy D. Tranter  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: D  
NAME: Mark A. Hug  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: D/P  
NAME: Mhayse G. Samalya  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

DELETE

TITLE: C  
NAME: Frederick H. Eppinger  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: S  
NAME: Charles F. Cronin  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV  
NAME: David J. Firstenburg  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV  
NAME: Bonnie K. Haase  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV  
NAME: Cynthia H. Young  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DP  
NAME: Marita Zuraitis  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605

TITLE: V  
NAME: John E. Brabazon  
STREET ADDRESS: 440 Lincoln Street  
CITY-ST-ZIP: Worcester, MA 01605