2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90102 001 ***600.00 **DOCUMENT #830012** THE HANOVER INSURANCE COMPANY 660000033 Principal Place of Business Mailing Address **440 LINCOLN STREET 440 LINCOLN STREET** WORCESTER, MA 01653 WORCESTER, MA 01653 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04152008 Applied For 4. FEI Number City & State City & State 13-5129825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change VT Delete TITLE TITLE MCGIVNEY, MARK C NAME 440 LINCOLN STREET STREET ADDRESS STREET ADDRESS WORCESTER, MA 01605 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUBER, KENDALL J NAME NAME STREET ADDRESS 440 LINCOLN ST. STREET ADDRESS WORCESTER, MA 01605 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE PARRY III, EDWARD J NAME NAME 440 LINCOLN STREET STREET ADDRESS STREET ADDRESS WORCESTER, MA 01605 CITY-\$1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TRANTER, GREGORY D NAME NAME 440 LINCOLN ST STREET ADDRESS STREET ADDRESS WORCESTER, MA 01605 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 it 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 of the corporation or the rece Il other like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

DV

HYATT, JAMES S

440 LINCLON ST

WORCESTER, MA 01605

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

4123108

Daylyme Phone #

☐ Change

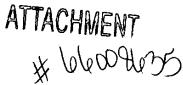
☐ Change

Addition

☐ Addition

FILED

2008 UNIFORM BUSINESS REPORT DOCUMENT # 830012 The Hanover Insurance Company



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

D TITLE: NAME: Bryan D. Allan STREET ADDRESS: 440 Lincoln Street Worcester, MA 01605 CITY-ST-ZIP:

D TITLE: Eugene M. Bullis NAME: STREET ADDRESS: 440 Lincoln Street CITY-ST-ZIP: Worcester, MA 01605

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

TITLE: TV NAME: Robert P. Myron STREET ADDRESS: 440 Lincoln Street Worcester, MA 01605 CITY-ST-ZIP:

ADDITION

ADDITION