


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90306 001 ***600.00

DOCUMENT # F93000001698	
1. Entity Name THE HANOVER AMERICAN INSURANCE COMPANY	

Principal Place of Business 440 LINCOLN STREET WORCESTER, MA 01653	Mailing Address 440 LINCOLN STREET WORCESTER, MA 01653
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66009400



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DV PARRY, EDWARD J III 440 LINCOLN ST., STATION E10 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	VT MCGIVNEY, MARK C 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	S CRONIN, CHARLES F 440 LINCOLN ST. WORCESTER, MA <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 HUBER, J. KENDALL 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 YOUNG, CYNTHIA 440 LINCOLN 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 TRANTER, GREGORY 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

12. 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 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 the empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____
Date _____ Daytime Phone # _____

ATTACHMENT

66009400

2007 UNIFORM BUSINESS REPORT

DOCUMENT # F93000001698

The Hanover American Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: DV
NAME: James S. Hyatt
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

TITLE: DV
NAME: Susan S. Korthase
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: D
NAME: Edward J. Parry III
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

CHANGE

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

TITLE: VTD
NAME: Mark C. McGivney
STREET ADDRESS: 440 Lincoln Street
CITY-ST-ZIP: Worcester, MA 01605

CHANGE

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

ADDITION