

1.) CORPORATION NAME:

**Hanover Specialty Insurance Brokers, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **02012359**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10461 MILL RUN CIRCLE  
SUITE 860

CITY/ST/ZIP: OWINGS MILLS, MD 21117-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ANDREW S. ROBINSON  
TITLE: DIRECTOR  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER  DIRECTOR

NAME: DAVID B. GREENFIELD  
TITLE: VICE PRESIDENT  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER  DIRECTOR

NAME: MARITA ZURAITIS  
TITLE: PRESIDENT  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER  DIRECTOR

NAME: CHARLES F. CRONIN  
TITLE: SECRETARY  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER  DIRECTOR

NAME: ANN K. TRIPP  
TITLE: TREASURER  
ADDRESS: 440 LINCOLN STREET  
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER  DIRECTOR

NAME: JONATHAN BRYNGA TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM J. CAHILL, JR. TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J. KENDALL HUBER TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARTIN D. KELLY TITLE: ASST TREASURER ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN J. SWEENEY TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN C. ROCHE TITLE: DIRECTOR ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANN K. TRIPP TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ CHARLES F. CRONIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES F. CRONIN, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
11/22/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	