

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212547395

1.) CORPORATION NAME:

Hanover Specialty Insurance Brokers, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **02012359**

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: 8403 COLESVILLE ROAD
SUITE 300

CITY/ST/ZIP: SILVER SPRING, MD 20910

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARITA ZURAITIS		
TITLE:	PRESIDENT		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID B. GREENFIELD		
TITLE:	VICE PRESIDENT		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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:	ANN K. TRIPP		
TITLE:	VICE PRESIDENT		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES F. CRONIN SECRETARY 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW C. FURMAN TREASURER 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN D. KELLY ASST TREASURER 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW S. ROBINSON DIRECTOR 440 LINCOLN STREET WORCESTER, MA 01653	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C. ROCHE DIRECTOR 440 LINCOLN STREET WORCESTER, MA 01653	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. CAHILL, JR. ASST SECRETARY 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW C. FURMAN VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B. GREENFIELD ASST TREASURER 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J KENDALL HUBER ASST SECRETARY 440 LINCOLN STREET WORCESTER, VA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ALLEN KUHN VICE PRESIDENT 2 MACARTHUR PLACE 2ND FLOOR SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER H. STOWELL III ASST SECRETARY 440 LINCOLN STREET 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.

<u>/s/ CHARLES F. CRONIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES F. CRONIN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/7/2012</u> DATE
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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.