

1.) CORPORATION NAME:

The Hanover American Insurance Company

DUE DATE: **10/31/2011**

SCC ID NO: **F1723602**

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
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 LINCOLN ST

CITY/ST/ZIP: WORCESTER, MA 01653-

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

OFFICER

DIRECTOR

NAME: BRYAN D ALLEN
TITLE: VP DIRECTOR
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: WARREN E BARNES
TITLE: VP CORP CONTROL
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 KIRKPATRICK TRIPP
TITLE: TREASURER
ADDRESS: 440 LINCOLN ST
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

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

9/8/2011
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.