Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1941

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE HANOVER INSURANCE COMPANY

440 LINCOLN STREET
WORCESTER, MA 01653-0000

2b Employer Identification Number (EIN) 13-5129825

2c Plan Sponsor's telephone number 508-855-2838

2d Business code (see instructions) 524150

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	LAURI TENNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BENEFITS COMMITTEE

440 LINCOLN STREET, S250
WORCESTER, MA 01653

3b Administrator's EIN: 90-0520634

3c Administrator's telephone number: 508-855-1000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5969
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	572
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	526
b	Retired or separated participants receiving benefits	**6b**	3448
c	Other retired or separated participants entitled to future benefits	**6c**	1302
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5276
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	516
f	Total. Add lines **6d** and **6e**.	**6f**	5792
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867050	69140	GA-00100	22	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTED INVESTMENT SUBJECT TO RESTRICTED RESERVED FOR RETIRED LIVES

b	Balance at the end of the previous year		7b	10767559
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	328354	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	328354
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	11095913
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)	2762	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶ WITHDRAWALS	7e(4)	2425115	
	(5) Total deductions		7e(5)	2427877
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	8668036

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	340369269
b Actuarial value	**2b**	345804807

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3894	261565453	261565453
b For terminated vested participants	1503	56324920	56324920
c For active participants	572	28463680	28463680
d Total	5969	346354053	346354053

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1000000
c Target normal cost	**6c**	1000000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/24/2026
Date

CARRIE PALUMBO
Type or print name of actuary

26-08819
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	63168961
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4830481
9	Amount remaining (line 7 minus line 8)	0	58338480
10	Interest on line 9 using prior year's actual return of 2.76 %	0	1610142
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.98 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	59948622

Part III Funding Percentages

14	Funding target attainment percentage	14	82.53 %
15	Adjusted funding target attainment percentage	15	82.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1000000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	60497868	5971322
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6971322

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6971322	6971322

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY MANAGEMENT TRUST COMPANY

04-2723880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID INST ASSET MGMT TRUST

20-4659714

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY MANAGEMENT TRUST COMPANY

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51	INVST MGMT	929355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIDELITY INSTITUTIONAL OPERATIONS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 65	ADMINISTRATION	25822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORP A OR BETTER COMM

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-103	C	26095538

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM U.S. LOW VOL EQ CP -

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-171	C	32906485

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YR CRP BD CP -A

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-155	C	88450439

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INT DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-014	C	130796754

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-053	C	607852

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22152	14755
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6777017	6872568
(2) U.S. Government securities	1c(2)	38843767	36273540
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	283956067	278857068
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10767559	8668036
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	340366562	330685967
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	241760	243352
1k Total liabilities (add all amounts in lines 1g through1j)	1k	241760	243352
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	340124802	330442615

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5468	
(B) U.S. Government securities	2b(1)(B)	941376	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	328354	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1275198
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	222651	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		222651
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1353952	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1353952

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		21200994
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24052795
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31734570	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31734570
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	929355	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1071057	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2000412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33734982
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9682187
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 613153.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3207773 04-3275867

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 13

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 10.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 87.8 %
High-Yield Debt: 0.1 % Real Assets: _____% Cash or Cash Equivalents: 2.1 % Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

The Hanover Insurance Group
Cash Balance Pension Plan

Financial Statements as of December 31, 2025 and 2024
and for the Year Ended December 31, 2025
and Supplemental Information
as of and for the Year Ended December 31, 2025

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Form 5500, Schedule H, line 4j - Schedule of Reportable Transactions 20

* Other schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

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Report of Independent Auditors

To the Administrator of The Hanover Insurance Group Cash Balance Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of The Hanover Insurance Gorup Cash Balance Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

PricewaterhouseCoopers LLP, 200 Public Square, Suite 1900
Cleveland, OH 44114, T: (216) 875 3000, F: (216) 566 7846

www.pwc.com

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Cleveland, OH
October 9, 2026

The Hanover Insurance Group Cash Balance Pension Plan
Statements of Net Assets Available for Benefits
December 31,

	2025	2024
Assets		
Investments, at fair value:		
Commingled pools and fixed maturities held in separately managed account	**$ 282,224,123**	$ 288,917,398
Domestic equity commingled pools	**32,906,485**	33,882,436
Fixed investment account with insurance company	**8,668,036**	10,767,559
Money market fund	**6,862,149**	6,332,146
Cash and cash equivalents held in separately managed account	**10,419**	444,871
Total investments at fair value	**330,671,212**	340,344,410
Receivables:		
Accrued interest	**14,755**	22,152
Total assets	**330,685,967**	340,366,562
Liabilities		
Service fee payable	**243,352**	241,760
Net assets available for benefits	**$ 330,442,615**	$ 340,124,802

The accompanying notes are an integral part of these financial statements.

The Hanover Insurance Group Cash Balance Pension Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

	2025
Additions to net assets attributable to:	
Net appreciation in fair value of investments	$ 22,554,946
Interest and dividends	1,497,849
Net additions from investments	24,052,795
Deductions from net assets attributable to:	
Benefits paid to participants	(31,734,570)
Administrative expenses	(2,000,412)
Total deductions	(33,734,982)
Net decrease	(9,682,187)
Net assets available for benefits, beginning of year	340,124,802
Net assets available for benefits, end of year	$ 330,442,615

The accompanying notes are an integral part of these financial statements.

The Hanover Insurance Group Cash Balance Pension Plan
Statements of Accumulated Plan Benefits
December 31,

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	**$ 248,832,934**	$ 254,199,891
Other participants	**74,078,416**	82,626,378
Total actuarial present value of accumulated plan benefits	**$ 322,911,350**	$ 336,826,269

The accompanying notes are an integral part of these financial statements.

The Hanover Insurance Group Cash Balance Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31,

	2025
Actuarial present value of accumulated plan benefits, beginning of year	**$ 336,826,269**
Increase (decrease) during year attributable to:	
Actuarial losses	**(1,036,689)**
Change in assumptions	**-**
Interest related to a decrease in the discount period	**18,856,340**
Benefits paid	**(31,734,570)**
Net decrease	**(13,914,919)**
Actuarial present value of accumulated plan benefits, end of year	**$ 322,911,350**

The accompanying notes are an integral part of these financial statements.

NOTE 1 – Description of the Plan

The following description of The Hanover Insurance Group Cash Balance Pension Plan (the "Plan") is provided for general information purposes only. More complete information, including vesting and benefit provisions, is provided in the Plan's Summary Plan Description, which is available from the Plan Administrator.

The Plan was frozen as of January 1, 2005. No further cash balance allocations have been credited for plan years that began on or after January 1, 2005, although interest credits have continued. In addition, grandfathered benefits (see discussion in "Vesting and benefit provisions") generally were frozen at December 31, 1994 levels.

The Plan is a noncontributory defined benefit plan which covers eligible employees and former employees of The Hanover Insurance Company ("Hanover Insurance," the "Company" or the "Sponsor"), and certain current and prior affiliates thereof, and eligible career and general agents, previously under contract with First Allmerica Financial Life Insurance Company ("FAFLIC") and Allmerica Financial Life Insurance and Annuity Company ("AFLIAC"), former subsidiaries of The Hanover Insurance Group, Inc. ("THG"). Hanover Insurance is a wholly-owned subsidiary and common employer of THG. The Plan provides for retirement benefits and also certain death benefits prior to retirement.

Fidelity Management Trust Company ("Fidelity," "FMTC" or the "Trustee") is the trustee of the Plan and performs recordkeeping services through its affiliated entity Fidelity Workplace Services LLC. Oversight for the Plan is provided by the Company's Benefits Committee (the "Plan Administrator"). The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Plan assets

The investment policy of the Plan is generally for the Trustee to invest and reinvest the Plan's assets in fixed income investments and equities and hold a small cash position, with the investment mix continuing to be weighted toward a higher concentration of fixed income investments. The primary investment objective for the Plan is to provide benefit security to participants by achieving a reasonable long-term return on Plan assets, at a reasonable and prudent risk level; diversifying the investment of assets to reduce the likelihood of large losses; and maintaining adequate liquidity for benefit payments. It is the policy of the Plan Administrator to engage financial advisors to help shape and implement the Plan's investment policy. The Plan Administrator will regularly review the Plan's investment performance and, when appropriate, make changes to the funding and investment policy and the Plan's investment advisors. Various factors are taken into consideration in determining the appropriate asset mix, such as census data, actuarial valuation information and capital market assumptions. The Plan asset allocation is a mix of approximately 90% in fixed income investments and approximately 10% in equity investments at both December 31, 2025 and December 31, 2024.

NOTE 1 – Description of the Plan (continued)

Participant accounts

Through December 31, 1994, grandfathered retirement benefits were based primarily on a participant's years of service and compensation during the highest five consecutive plan years of employment. Benefits under this defined benefit formula were frozen for most participants (but not for career agents, general agents, and certain participants in a transition group discussed below) effective December 31, 1994. In its place, the Sponsor adopted a defined benefit cash balance formula, under which the Sponsor annually provided an allocation to each eligible employee as a percentage of that employee's eligible compensation, similar to contributions to a defined contribution plan arrangement. Under this formula, a hypothetical memorandum account ("memorandum account") was established for each participant's account balance. This memorandum account was credited annually with an allocation for the plan year based on a percentage of a participant's eligible compensation. The allocation percentage was determined by the Sponsor's Board of Directors. From March 1, 1997 through December 31, 2003, this memorandum account was used to allow participants to direct the investment of these allocations among various investment options. An annual adjustment for investment experience based on each participant's hypothetical investment elections was credited to each participant's memorandum account. Effective January 1, 2004, the Plan stopped crediting these memorandum accounts with an adjustment for investment experience based on each participant's hypothetical investment elections and instead began crediting these accounts with daily interest credits. Changes to the balances in each participant's account during 2025 reflect these daily interest credits. The interest rate used to calculate the daily credit is the 30-year Treasury interest rate in existence in November of the preceding year. The 30-year Treasury interest rate is intended to be a reasonable rate tied to current market conditions. For 2025, this rate was 4.54%, on an annual basis. For 2026, this rate will be 4.70%, on an annual basis. The memorandum account functions only as one component for computing benefits under the Plan. Accordingly, there is no direct relationship between participants' account balances and the amount or nature of Plan assets or contributions to the Plan.

Vesting and benefit provisions

All grandfathered benefits and special grandfathered benefits are fully vested to participants and were so after five years of service. Account balances in the Plan for eligible cash balance participants partially vested after two years of service and 100% vested upon completion of three years of service. All eligible, active participants' account balances are fully vested.

Generally, a participant is entitled to receive a monthly life annuity beginning on the first day of the month in which the participant attains age 65 (Normal Retirement Date) based on the participant's account balance, if any, plus, if applicable, the participant's grandfathered or special grandfathered benefit. The grandfathered benefit is the benefit accrued as of December 31, 1994 for each participant in the Plan at that date calculated under the provisions of the Plan then in effect, based on the participant's average monthly compensation and credited service as of that date.

NOTE 1 – Description of the Plan (continued)

At or after age 55, with at least 15 years of service, any actively employed participant may elect to retire and begin pension benefits subject to an actuarial reduction for early retirement, if applicable. Actively employed participants in the Plan are eligible to receive full grandfathered pension benefits at or after age 62 if combined age and years of credited service total at least 95 (the "Rule of 95"). The grandfathered benefits entitle participants to receive a benefit equal to 1.40% of the employee's final average earnings, over the highest consecutive five years of service, up to covered compensation as defined by the social security tables available from the Plan Administrator, plus 1.90% of the final average earnings, over the highest consecutive five years of service, in excess of covered compensation, times the years of credited service up to a maximum of 35 years.

The special grandfathered benefit was the benefit which was accrued for the period of December 31, 1994 through December 31, 2004, and was available to certain participants who were actively employed and accruing credited service under the Plan on December 31, 1994, and met certain eligibility requirements. Effective January 1, 2005, the special grandfathered benefits were amended to provide either a 5% or 3% interest accrual until the commencement of benefit payments. All participants who were eligible for special grandfathered benefits have commenced their retirement benefits.

Prior to December 31, 1998, accrued benefits for career agents and employee general agents ("eligible agents") under the Plan were equal to the eligible agent's voluntary contribution account plus 1.50% of the eligible agent's earnings for each year of credited service from January 1, 1971 to July 1, 1977, plus 1.50% of the eligible agent's average annual earnings for the most recent 10 years prior to retirement, times the number of years of credited service completed after June 30, 1977, provided that after 15 years of credited service the benefit is computed at 2% of the eligible agent's average annual earnings for the most recent 10 years prior to retirement. For eligible agents actively employed after December 31, 1990, benefits were calculated on the highest average annual earnings of 10 consecutive years, selected from the last 15 calendar years. In no event would the portion of an eligible agent's normal or early retirement benefit attributable to employer contributions exceed 60% of the eligible agent's average yearly earnings for the most recent 10 years prior to retirement.

Effective December 31, 1998, benefit accruals for eligible agents were frozen under the aforementioned formula. For January 1, 1999 and later, the Sponsor adopted a defined benefit career average formula under which the Sponsor provided an accrual annually to each eligible agent equal to a unique percentage of that eligible agent's salary paid after 1998. The total benefit that each eligible agent was entitled to at retirement was the sum of the accrued benefits as of December 31, 1998 plus all accruals for subsequent years through December 31, 2002, at which time benefits under this portion of the Plan were frozen. These eligible agents were entitled to receive this benefit in the form of a monthly life annuity beginning on the first day of the month following the later of (a) the participant's 65th birthday or (b) the fifth anniversary of the date on which the participant commenced participation in the Plan. All eligible agents have commenced their retirement benefits.

NOTE 2 – Significant accounting policies

Significant accounting and reporting policies followed by the Plan are summarized below:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Contributions

Contributions by the Sponsor are determined based on an actuarial calculation and are recorded during the plan year to which they pertain.

Valuation of investments and income recognition

The Plan's investments are stated at fair value and are measured in accordance with ASC 820, *Fair Value Measurements and Disclosures*. The following provides information on each asset type held by the Plan as of December 31, 2025 and 2024.

Separately Managed Account
Certain assets of the Plan are held by Fidelity in a separately managed account that is invested primarily in separate commingled pools, with specific investment objectives, dedicated exclusively to the active management of the assets of employee benefit plans, as well as in U.S. Treasury securities. The account is managed by Fidelity Institutional Asset Management Trust Company ("FIAMTC"), under an investment management agreement with the Plan, and is carried at fair value based upon the market value of the underlying investments as determined by the Trustee. See Note 4 – Fair value measurements, for a description of the valuation of the underlying investments in the separately managed account.

Fixed Investment Account with Insurance Company
Certain assets of the Plan are invested in a fixed investment account, the administration and management of which is provided by FAFLIC, a former affiliate of the Sponsor (see Note 1 – Description of the Plan – General). The fixed investment account is invested in the general assets of FAFLIC and bears a guaranteed rate of return for periods ranging from one to three years, as elected by the Plan Administrator. The fair value for this investment is estimated using a comparable public market financial institution derived fair value curve that uses non-observable inputs for market liquidity. See Note 4 – Fair value measurements, for a description of the valuation of the fixed investment account.

NOTE 2 – Significant accounting policies (continued)

Money Market Mutual Fund
The money market mutual fund is an open-end mutual fund which is carried at fair value based on its quoted market price.

Commingled Pools
Certain assets of the Plan are invested in separate commingled pools managed by Fidelity or its affiliates (including FIAMTC) that are dedicated exclusively to the active management of the assets of employee benefit plans and have specific investment objectives. The fair value for each commingled pool is determined daily as the net asset value ("NAV") based on the aggregated value of the underlying investments held by each commingled pool. See Note 4 – Fair value measurements, for a description of the valuation of the commingled pools.

Purchases and sales of securities are accounted for as of the trade-date. Interest income is recorded on an accrual basis and dividends, if any, are recorded on the ex-dividend date.

Net appreciation (depreciation) on the fair value of investments includes realized gains (losses) from investments sold during the year and unrealized appreciation (depreciation) of the investments held at the end of the year.

Cash and cash equivalents

Cash and cash equivalents consists of cash held in the separately managed account with Fidelity.

Administrative expenses

Administrative expenses of the Plan consist of direct charges by Fidelity or its affiliates, FAFLIC and other service providers for investment and participant recordkeeping services. Investment related expenses are included as a component of the net appreciation (depreciation) in the fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Administrative fees consist of fixed costs for standard service and variable costs, which are based on, among other factors, the number of plan participants, contributions made by the Sponsor, and the value of assets under administration. Administrative expenses of the Plan also include plan termination insurance premiums paid to the Pension Benefit Guaranty Corporation ("PBGC"). Audit, actuarial service, and legal fees are generally paid by the Company. Expenses paid by the Company are not included in these financial statements.

Payment of benefits

Benefit payments are recorded when paid.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service that employees have rendered as of the actuarial valuation date. Accumulated plan benefits include benefits expected to be paid to present, retired or terminated employees or their beneficiaries, or beneficiaries of deceased employees.

NOTE 2 – Significant accounting policies (continued)

The actuarial present value of accumulated benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the respective valuations for the years ended December 31, 2025 and 2024 were:

		2025	2024
Discount rate	--	5.875% per year, compounded annually.	5.875% per year, compounded annually.
Mortality	--	Pri-2012 Gender Specific Healthy Employee, Annuitant, and Contingent Survivor Mortality tables without collar adjustments projected generationally from 2012 with scale MP-2021.	Pri-2012 Gender Specific Healthy Employee, Annuitant, and Contingent Survivor Mortality tables without collar adjustments projected generationally from 2012 with scale MP-2021.
Normal retirement age	--	Participant is assumed to retire at age 63 if the participant qualifies for the Rule of 95, otherwise a certain percentage of participants are assumed to retire beginning at age 55 and continuing each year until reaching age 67, at which point all participants are assumed to have retired. Terminated vested agents are assumed to retire at age 55; all other terminated vested participants are assumed to retire at age 60.	Participant is assumed to retire at age 63 if the participant qualifies for the Rule of 95, otherwise a certain percentage of participants are assumed to retire beginning at age 55 and continuing each year until reaching age 67, at which point all participants are assumed to have retired. Terminated vested agents are assumed to retire at age 55; all other terminated vested participants are assumed to retire at age 60.
Credited interest rate	--	3.50% per year, compounded annually.	3.50% per year, compounded annually.
Form of payment	--	It has been assumed that the cash balance benefits will be paid as a lump sum, and the annuity benefits will be paid in the normal form of payment for single participants.	It has been assumed that the cash balance benefits will be paid as a lump sum, and the annuity benefits will be paid in the normal form of payment for single participants.

The foregoing assumptions were based on the presumption that the Plan will continue as a "frozen" plan. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated Plan benefits.

NOTE 2 – Significant accounting policies (continued)

Funding policy

The Sponsor's funding policy is to contribute at least the minimum amount required by ERISA and not to exceed the maximum deductible contribution for a given plan year. For the plan year ended December 31, 2025, the Sponsor did not make any contributions. No contributions were required during 2025 to meet the minimum funding requirements of ERISA.

NOTE 3 – Certified information

Information related to investments and cash and cash equivalents held in the separately managed account disclosed in the accompanying Statements of Net Assets Available for Benefits, Statement of Changes in Net Assets Available for Benefits, supplemental Schedule of Assets Held (At End of Year) and supplemental Schedule of Reportable Transactions, including cost and fair value of investments held at December 31, 2025 and 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by FMTC, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This certification included net appreciation in the fair value of investments (including gains and losses on investments sold, as well as held during the year) and interest and dividends on investments, as disclosed in the accompanying Schedule of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

NOTE 4 – Fair value measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability, i.e., exit price, in an orderly transaction between market participants. A hierarchy has been established for determining fair value, which emphasizes the use of observable market data where available. Three broad levels defined by the fair value hierarchy are as follows, with the highest priority given to Level 1 as these are the most reliable, and the lowest priority given to Level 3:

Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data, including model-derived valuations.

Level 3 - Unobservable inputs that are supported by little or no market activity.

Where more than one level of input is used to determine the fair value, the financial instrument is classified as Level 2 or 3 according to the lowest level input that has significant impact on the fair value measurement.

During 2025 and 2024, there were no changes to the valuation methodologies used in the previous year. Investments whose fair value is determined using NAV as a practical expedient are not permitted to be classified in the fair value hierarchy. The valuation methodologies used to measure plan investments at fair value and, where applicable, the level in the fair value hierarchy in which these investments are generally classified are as follows:

NOTE 4 – Fair value measurements (continued)

Separately Managed Account
The separately managed investment account invests in fixed income commingled pool funds managed by FIAMTC and separately held U.S. Treasury bonds and bills. The value of the separately managed account is determined based on these underlying investments as follows:

The fair value of the commingled pools managed by FIAMTC is determined daily at the NAV based on the aggregated value of the underlying investments held by each commingled pool. These commingled pools invest primarily in corporate bonds, U.S. government and government agency obligations, including U.S. Treasury securities, and fixed income commingled vehicles. The NAV, as provided by the Plan's Trustee, is used as a practical expedient to estimate the fair value of each commingled pool managed by FIAMTC. This practical expedient would not be used if it is determined that it is probable that the commingled pool would sell the investment for an amount that is different than net asset value. Redemptions of the fixed income commingled pools are generally not subject to restriction, but may require written notice at least five business days prior to such redemption. Also, in unusual market conditions, in accordance with the governing documents of the collective trust, the commingled pools may impose certain restrictions on the redemption of units. There are no unfunded commitments related to these pools.

Additionally, the Plan holds a U.S. Treasury bond and a U.S. Treasury Bill, which are both classified as Level 1. These investments are highly liquid and are valued at quoted market prices.

Fixed Investment Account with Insurance Company
This investment vehicle includes assets held in a fixed account of FAFLIC, which were reinvested in a guaranteed investment contract on January 1, 2024 with a three-year term which provides for a fixed rate of return of the Plan's investment. Redemptions of this investment, post completion of the elected contractual term, are generally not subject to restriction. Fair value for interim periods related to multi-year guaranteed investment contracts are estimated using a comparable public market financial institution derived fair value curve that uses non-observable inputs for market liquidity and approximates contract value. The fair value for contracts that mature at the end of the current Plan year equals the contract value. These investments are classified as Level 3.

Domestic Equity Commingled Pools
Domestic equity commingled pools consist of pooled funds managed by Fidelity or its affiliates, including FIAMTC. The fair value for each commingled pool is determined daily at the NAV based on the aggregated value of the underlying investments held by each commingled pool. These commingled pools invest primarily in domestic equity securities, including publicly traded common stocks, which are valued primarily through the use of quoted prices. The NAV, as provided by the Plan Trustee, is used as a practical expedient to estimate the fair value of each commingled pool. This practical expedient would not be used if it is determined that it is probable that the commingled pool would sell the investment for an amount that is different than the net asset value. Redemptions of these investments are generally not subject to restriction. There are no unfunded commitments related to these pools.

NOTE 4 – Fair value measurements (continued)

Money Market Funds
Mutual funds are open-ended funds that are registered with the Securities and Exchange Commission and are classified as Level 1 investments as they have quoted market prices available.

The following tables present, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024. The following tables do not include investments in several commingled pools because the fair values associated with these investments are determined using NAV as a practical expedient. These investments are presented in a separate table.

December 31, 2025

	Fair Value			
	Level 1	**Level 2**	**Level 3**	**Total**
Fixed investment account with insurance company	**$ -**	**$ -**	**$ 8,668,036**	**$ 8,668,036**
U.S. Treasury securities held in separately managed account	**36,273,540**	**-**	**-**	**36,273,540**
Money market mutual fund	**6,862,149**	**-**	**-**	**6,862,149**
Total Investments at Fair Value	**$ 43,135,689**	**$ -**	**$ 8,668,036**	**$ 51,803,725**

December 31, 2024

	Fair Value			
	Level 1	Level 2	Level 3	Total
Fixed investment account with insurance company	$ -	$ -	$ 10,767,559	$ 10,767,559
U.S. Treasury securities held in separately managed account	38,843,767	-	-	38,843,767
Money market mutual fund	6,332,146	-	-	6,332,146
Total Investments at Fair Value	$ 45,175,913	$ -	$ 10,767,559	$ 55,943,472

The following table provides a reconciliation for all assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2025.

Balance at beginning of year	$ 10,767,559
Redemptions	(2,427,877)
Interest earned	328,354
Balance at end of year	$ 8,668,036

During the year ended December 31, 2025 there were no transfers between Level 1 and Level 2. Changes in the observability of valuation inputs may result in a reclassification of certain financial assets within the fair value hierarchy. Reclassifications between levels of the fair value hierarchy, if any, are reported as of the end of the period in which the reclassification occurs.

NOTE 4 – Fair value measurements (continued)

The Plan's investments measured at fair value using NAV as a practical expedient have not been included in the tables above. The fair values of these investments are as follows:

December 31	2025	2024
Commingled Pools:		
Fixed income [1]	**$ 245,950,583**	$ 250,073,631
Domestic equities [2]	**32,906,485**	33,882,436
Total Investments Measured at Fair Value using NAV	**$ 278,857,068**	$ 283,956,067

(1) Investments in fixed income commingled pools seek to generate returns or exceed their portfolio's indices through investments in fixed-income securities and commingled investment vehicles. These commingled pools are held in a separately managed account with Fidelity Institutional Asset Management Trust Company.

(2) Investments in domestic equity commingled pools seek long-term growth of capital, primarily through investments in the domestic equity universe, while maintaining an overall risk profile that is lower than the broad market.

NOTE 5 – Parties-in-interest transactions

Certain Plan investments are managed by FMTC, the Trustee, or its affiliates (including FIAMTC) and, therefore, transactions with these investments, such as purchases and sales and direct and indirect fees, qualify as party-in-interest transactions. For the Plan year ended December 31, 2025, the Plan incurred direct fees for these services of $1,997,650. At December 31, 2025 and 2024, the Plan had payables to FMTC and its affiliates of $243,352 and $241,760, respectively, for service fees payable. Also, certain staff employed by the Company perform financial reporting and administrative tasks for the Plan at no charge to the Plan.

NOTE 6 – Federal income taxes

The Internal Revenue Service ("IRS") has determined and informed the Sponsor by a letter dated December 15, 2016, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income tax is required. The Plan is no longer subject to federal income tax examinations for plan years 2021 and prior.

Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore remains qualified, and the related trust remains tax-exempt.

NOTE 7 – Plan termination

Although the Sponsor has not expressed any intent to terminate the Plan, it may do so at any time. Should the Plan terminate at some future time, Plan assets would be available to provide participants' benefits in accordance with the Plan's provisions. Whether a particular participant's accumulated plan benefits will be paid depends on the availability of Plan assets to fund the benefits, the priority of those benefits and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the existing assets and the PBGC, while other benefits may not be provided for at all. Upon termination, the Sponsor would be required to notify the PBGC and comply with its procedures and lawful orders. As soon as it may do so, the Sponsor thereupon would be required to allocate and distribute all amounts in the manner and order set forth in Section 4044 of ERISA to the extent of the sufficiency of the Plan's assets.

Additional information concerning the priority order of participant claims to the assets of the Plan upon termination can be obtained from the Plan Administrator.

NOTE 8 – Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is likely that changes in the values of investment securities will occur in the near-term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits. Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements. Additionally, because of the inherent uncertainty regarding the financial markets, there can be no assurance that additional funding will not be required by the Sponsor in future periods.

NOTE 9 – Subsequent events

No subsequent events were identified through October 9, 2026, the date these financial statements were available to be issued.

The Hanover Insurance Group Cash Balance Pension Plan
Plan EIN: 13-5129825 Plan Number: 001
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Institutional Asset Management Trust Company:			
	Separately Managed Account:			
	United States Treasury Bond	Par $50,480,000 Interest 2.000%, Maturity 11/15/2041	$ 45,345,893	$ 35,362,566
	United States Treasury Bill	Par $926,000 Interest 0.000%, Maturity 06/18/2026	909,638	910,974
*	Interest-bearing cash	Cash	10,419	10,419
*	Fidelity Institutional Asset Management Commingled Pools:			
	Intermediate Duration	Commingled Pool	120,207,555	130,796,754
	8-10 Year Corporate Bond	Commingled Pool	67,765,288	88,450,439
	Long Corporate A or Better	Commingled Pool	26,138,851	26,095,538
	Long Duration	Commingled Pool	300,827	607,852
	Total Separately Managed Account			282,234,542
*	U.S. Low Volatility Equity Commingled Pool	Commingled Pool	19,878,492	32,906,485
	Total Fidelity Institutional Asset Management Trust Company			315,141,027
	First Allmerica Financial Life Insurance Company:			
	Fixed Investment Account with Insurance Company	Fixed Investment Account	8,668,036	8,668,036
	Fidelity Management Trust Company:			
*	FIMM Government Portfolio - Institutional Class	Registered Investment Company	6,862,149	6,862,149
	Total Investments			$ 330,671,212

* Represents party-in-interest to the Plan

The Hanover Insurance Group Cash Balance Pension Plan
Plan EIN: 13-5129825 Plan Number: 001
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) – A single transactions in excess of 5% of plan assets						
Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool					
	1 purchase	$ 17,407,268	$ -	$ 17,407,268	$ 17,407,268	$ -
Category (iii) – A series of transactions in excess of 5% of plan assets						
Fidelity Management Trust Company	FIMM Government Portfolio - Institutional Class					
	39 purchases	$ 34,391,167	$ -	$ 34,391,167	$ 34,391,167	$ -
	31 sales	-	33,861,163	33,861,163	33,861,163	-
Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool					
	1 purchase	$ 17,407,268	$ -	$ 17,407,268	$ 17,407,268	$ -
	3 sales	-	8,931,950	8,373,474	8,931,950	558,476

* Columns (e) and (f) have been omitted as they were not applicable

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025
Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	12	0	0	0	0	12
45-49	0	0	0	0	2	36	0	0	0	0	38
50-54	0	0	1	2	6	89	0	12	1	0	111
55-59	0	0	0	3	4	69	6	27	38	5	152
60-64	0	0	1	3	3	78	2	29	44	25	185
65-69	0	0	0	0	1	27	0	5	13	13	59
70 & over	0	0	1	0	0	7	0	1	1	5	15
Total	0	0	3	8	16	318	8	74	97	48	572

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Hanover Insurance Group Cash Balance Plan
EIN / PN: 13-5129825/001
Plan Sponsor: The Hanover Insurance Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	0	12	0	0	0	0	12
	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	2	36	0	0	0	0	38
	-	-	-	-	-	15,988	-	-	-	-	16,416
50-54	0	0	1	2	6	89	0	12	1	0	111
	-	-	-	-	-	21,990	-	-	-	-	24,210
55-59	0	0	0	3	4	69	5	27	38	5	151
	-	-	-	-	-	30,922	-	52,389	57,223	-	41,564
60-64	0	0	1	3	3	76	2	29	43	25	182
	-	-	-	-	-	28,617	-	61,040	57,352	64,479	44,881
65-69	0	0	0	0	1	27	0	5	13	13	59
	-	-	-	-	-	26,095	-	-	-	-	50,924
70 & over	0	0	0	0	0	7	0	1	1	5	14
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	2	8	16	316	7	74	96	48	567
	-	-	-	-	-	24,524	-	55,003	60,203	70,348	38,089

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Hanover Insurance Group Cash Balance Plan
EIN / PN: 13-5129825/001
Plan Sponsor: The Hanover Insurance Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

The Hanover Insurance Company

EIN/PN

13-5129825/001

Interest rate basis:

▪ Applicable month	September
▪ Yield curve basis	3-Segment Rates
▪ MAP-21/HATFA applied for funding	Yes
▪ MAP-21/HATFA applied for benefit restrictions	Yes

Interest rates:

	Reflecting Corridors (with HATFA and ARPA)	Not Reflecting Corridors
▪ First segment rate	5.07%	5.07%
▪ Second segment rate	5.31%	5.33%
▪ Third segment rate	5.50%	5.36%
▪ Effective interest rate	5.31%	

Assumed cost of living adjustments

None

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS

Plan-related Expenses

The amount included this year for plan-related administrative expenses is $1,000,000.

Beneficiary's survivorship

Spouses of retired participants with a Contingent Annuitant benefit have a 85% chance of being alive on the valuation date.

Mortality

Separate IRS-prescribed annuitant and non-annuitant tables with generational projection of assumed mortality improvements based on the PRI-2012 Society of Actuaries study and subsequent updates (including, for 2025 plan years, the use of the MP-2021 mortality improvement scale).

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

	Percentage retiring during the year
Age	**Annual Rates of Retirement**
55	3%
56	3%
57	3%
58	3%
59	3%
60	3%
61	3%
62	25%
63	15%
64	15%
65	50%
66	50%
67	100%

Participants are assumed to retire at age 63 if the participant has 95 points. Home Office terminated vested participants are assumed to retire at age 60. Agent terminated vested participants are assumed to retire at 55.

Active employees working beyond normal retirement are assumed to have received a timely suspension of benefits notice.

Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Disability rates (per 100 employees)

No incidence of disability assumed.

Compensation increases

N/A

Future increases in Maximum Benefits and Plan Compensation Limitations

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

	Percentage leaving during the year
Age	**Annual Rates of Termination**
25	25.84%
40	9.60%
55	2.55%

Active employees who terminate with a cash balance are assumed to receive their cash balance immediately upon termination and defer any grandfathered benefit.

Form of payment

It is assumed that the cash balance benefits will be paid as a lump sum, and the annuity benefits will be paid in the normal form of payment for single participants.

Marriage

It is assumed that 100% of all participants in the plan are married and that females are three years younger than their male spouses.

Interest Credit for Cash Balance Accounts

3.50% per year, compounded annually.

Employees

It is assumed that there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Asset method

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.875% for 2024 and 6.25% 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)

Participant data

Data was supplied as of January 1, 2025 by The Hanover Insurance Company electronically via a secure website. We have relied on data and information provided as being complete and accurate. We have not independently verified accuracy or completeness of the data or information provided, but have performed limited checks for reasonableness.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

Benefits not included in valuation

The disability benefit for employees eligible for the special grandfathered benefit was not valued as it is assumed to be immaterial.

The Hanover Insurance Group Cash Balance Pension Plan
Plan EIN: 13-5129825 Plan Number: 001
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) – A single transactions in excess of 5% of plan assets						
Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool					
	1 purchase	$ 17,407,268	$ -	$ 17,407,268	$ 17,407,268	$ -
Category (iii) – A series of transactions in excess of 5% of plan assets						
Fidelity Management Trust Company	FIMM Government Portfolio - Institutional Class					
	39 purchases	$ 34,391,167	$ -	$ 34,391,167	$ 34,391,167	$ -
	31 sales	-	33,861,163	33,861,163	33,861,163	-
Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool					
	1 purchase	$ 17,407,268	$ -	$ 17,407,268	$ 17,407,268	$ -
	3 sales	-	8,931,950	8,373,474	8,931,950	558,476

* Columns (e) and (f) have been omitted as they were not applicable

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE HANOVER INSURANCE GROUP CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE HANOVER INSURANCE COMPANY

D Employer Identification Number (EIN)
13-5129825

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	340,369,269
b Actuarial value	**2b**	345,804,807

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,894	261,565,453	261,565,453
b For terminated vested participants	1,503	56,324,920	56,324,920
c For active participants	572	28,463,680	28,463,680
d Total	5,969	346,354,053	346,354,053

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,000,000
c Target normal cost	**6c**	1,000,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Carrie Palumbo CP
Signature of actuary

9/24/2026
Date

Carrie Palumbo
Type or print name of actuary

2608819
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	63,168,961
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,830,481
9	Amount remaining (line 7 minus line 8)	0	58,338,480
10	Interest on line 9 using prior year's actual return of 2.76%	0	1,610,142
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.98%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	59,948,622

Part III Funding Percentages

14	Funding target attainment percentage	14	82.53%
15	Adjusted funding target attainment percentage	15	82.53%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.02%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,000,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	60,497,868	5,971,322
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6,971,322

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,971,322	6,971,322

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
57	0.03	941	0.940900	0.028227	1.608939
58	0.03	913	0.912673	0.027380	1.588051
59	0.03	885	0.885293	0.026559	1.566968
60	0.03	859	0.858734	0.025762	1.545721
61	0.03	833	0.832972	0.024989	1.524339
62	0.25	808	0.807983	0.201996	12.523734
63	0.15	606	0.605987	0.090898	5.726578
64	0.15	515	0.515089	0.077263	4.944855
65	0.50	438	0.437826	0.218913	14.229335
66	0.50	219	0.218913	0.109456	7.224124
67	1.00	109	0.109456	0.109456	7.333581

Average age at retirement	63.095826	
Rounded for Schedule SB item 22	63	==> SCHB_WARA

Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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Description of Weighted Average Retirement Age
as of January 1, 2025

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x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
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Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	8,508,670	17,950,996	30,490,525	56,950,191
2026	2,763,058	4,006,920	28,405,439	35,175,417
2027	2,776,448	4,262,659	27,169,712	34,208,819
2028	2,439,338	3,876,398	25,921,386	32,237,122
2029	2,386,171	3,853,941	24,664,934	30,905,046
2030	1,789,172	3,729,925	23,406,882	28,925,979
2031	1,989,858	3,079,030	22,142,627	27,211,515
2032	1,962,150	2,910,936	20,861,740	25,734,826
2033	1,929,106	2,836,667	19,585,273	24,351,046
2034	1,515,661	2,612,592	18,328,612	22,456,865
2035	1,105,585	2,763,453	17,084,487	20,953,525
2036	1,237,820	2,402,105	15,858,246	19,498,171
2037	1,003,788	2,469,956	14,641,587	18,115,331
2038	840,685	2,216,137	13,442,738	16,499,560
2039	698,813	2,119,452	12,277,737	15,096,002
2040	673,470	2,067,922	11,145,881	13,887,273
2041	612,250	1,987,213	10,058,739	12,658,202
2042	560,293	1,910,694	9,017,238	11,488,225
2043	521,854	1,845,036	8,015,385	10,382,275
2044	501,281	1,774,803	7,069,003	9,345,087
2045	457,473	1,700,022	6,195,391	8,352,886
2046	434,569	1,620,686	5,391,496	7,446,751
2047	407,396	1,536,839	4,651,913	6,596,148
2048	381,667	1,448,668	3,977,624	5,807,959
2049	355,310	1,356,383	3,368,748	5,080,441
2050	328,511	1,260,327	2,824,573	4,413,411
2051	301,482	1,161,102	2,343,515	3,806,099
2052	274,459	1,059,644	1,923,139	3,257,242
2053	247,694	957,200	1,560,245	2,765,139
2054	221,455	855,232	1,250,960	2,327,647
2055	196,025	755,324	990,850	1,942,199
2056	171,683	659,036	775,110	1,605,829
2057	148,687	567,798	598,698	1,315,183
2058	127,259	482,827	456,543	1,066,629
2059	107,573	405,050	343,722	856,345
2060	89,756	335,084	255,567	680,407
2061	73,880	273,245	187,783	534,908
2062	59,956	219,553	136,514	416,023
2063	47,943	173,767	98,371	320,081
2064	37,751	135,436	70,458	243,645
2065	29,252	103,934	50,354	183,540
2066	22,292	78,521	36,085	136,898
2067	16,698	58,399	26,077	101,174
2068	12,286	42,756	19,117	74,159
2069	8,874	30,815	14,292	53,981
2070	6,288	21,865	10,935	39,088
2071	4,367	15,279	8,568	28,214
2072	2,972	10,523	6,863	20,358
2073	1,980	7,151	5,596	14,727
2074	1,290	4,806	4,625	10,721

Plan Name: The Hanover Insurance Group Cash Balance Plan
EIN / PN: 13-5129825/001
Plan Sponsor: The Hanover Insurance Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Summary of Principal Plan Provisions – Home Office

Plan Sponsor

The Hanover Insurance Company

Plan

The Hanover Insurance Group Cash Balance Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1941. The plan was most recently restated January 1, 2010 and amended on December 16, 2014.

Plan Year

The twelve-month period ending December 31.

Transition Group

Actively-employed participants on December 31, 1994 whose age plus two times years of credited service is greater than or equal to 85.

Credited Service

Plan Year in which a plan participant completes at least 1,000 hours of service.

Vesting Service

Calendar year in which an employee completes at least 1,000 hours of service. A year of service for eligibility to participate is based on the 12 consecutive month period from the date an employee is hired.

SCHEDULE SB ATTACHMENTS

Eligible Compensation

Total taxable remuneration paid while a participant in the plan plus Section 401(k) and Section 125 compensation reduction contributions.

Notwithstanding the above, eligible compensation shall exclude the following:

1. executive incentive compensation
2. employer contributions to a deferred compensation plan or arrangement (other than 401(k) or 125 plans)
3. any and all income with respect to stock options, grants, or similar awards
4. lump sum severance payments
5. imputed income under Section 79 of the Internal Revenue Code
6. educational reimbursements, taxable moving expense allowances and tuition
7. non-cash taxable benefits
8. other taxable amounts received other than cash compensation

Average Monthly Compensation

The greater of 1/60 of eligible compensation during the most recent 60 completed calendar months, or 1/60 of the eligible compensation in the highest five complete and consecutive years.

Integration Level

Monthly average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which Social Security retirement age is attained.

Normal Retirement Date

The first of the month in which age 65 occurs.

Accrued Benefit (prior formula)

A monthly benefit equal to the sum of:

1. 1.4% of average monthly compensation up to the integration level, multiplied by credited service; plus
2. 1.9% of average monthly compensation in excess of the integration level, multiplied by credited service.

Credited service is limited to 35 years.

SCHEDULE SB ATTACHMENTS

Grandfathered Benefit

Basic grandfathered benefit:

The benefit payable for life at normal retirement equal to the accrued benefit at December 31, 1994 under the prior formula.

Special grandfathered benefit:

For participants in the transition group, the benefit payable for life was based on continued accruals under the prior formula. As of December 31, 2004, the plan as frozen to future accruals.

For participants in the transition group who were actively employed on December 31, 2004 their accrued benefit as of December 31, 2004 will increase by five percent each year (compounded annually and pro-rated for completed calendar months) until the date the participant has earned 35 years of service (the maximum service included in the previous benefit formula) and thereafter reducing to three percent per year until the participant begins receiving benefits from the plan.

Cash Balance Allocation

For each year after December 31, 1994, the allocation for a participant who completes at least 1,000 hours of service is .5% multiplied by eligible compensation. The plan was amended to provide additional annual allocations as follows:

Year	Additional Allocation
1995 - 2000	6.5%
2001	4.5%
2002	2.5%
2003	4.5%
2004	5.0%

There are no cash balance allocations after 2004.

Account Balance

As of December 31, 1995, the Account Balance will equal the allocation for 1995.

As of each subsequent December 31, the value of the Account Balance will equal the Account Balance on the previous December 31 plus the interest credit and allocation for the year. As of December 31, 2004, the plan is frozen to all future accruals, while participants will still earn interest credits on cash balance account balances.

SCHEDULE SB ATTACHMENTS

Interest Credit

Prior to January 1, 2004, based upon the investment elections of the participant. Effective January 1, 2004, based on the 30-year Treasury rate.

Vesting

Grandfathered benefits:	
Years of Service	**Vested Percentage**
0 - 4	0%
5 or more	100%

For terminations prior to January 1, 2008:

Cash balance benefits:	
Years of Service	**Vested Percentage**
0 - 1	0%
2	25%
3	50%
4	75%
5 or more	100%

For terminations after December 31, 2007:

Cash balance benefits:	
Years of Service	**Vested Percentage**
0 - 1	0%
2	25%
3	100%

Benefits at Normal Retirement

A monthly benefit payable for life at normal retirement equal to the sum of:

1. the Account Balance divided by an immediate annuity factor at normal retirement age, plus
2. the grandfathered benefit.

Late Retirement

Deferred Retirement Date

The first day of any month after normal retirement date.

SCHEDULE SB ATTACHMENTS

Optional forms of payments

Other actuarially equivalent joint and survivor or period certain and life annuities may be elected based on the factors outlined in the plan document. For cash balance participants the account balance is payable as a lump sum.

Benefits at Deferred Retirement

A monthly benefit payable for the life at deferred retirement equal to the sum of:

1. the Account Balance divided by an immediate annuity factor at deferred retirement age, plus the grandfathered benefit.

Early Retirement Benefit

Eligibility: The first of the month following age 55 and completion of 15 years of credited service.

Benefit: A monthly benefit payable for life at early retirement equal to the sum of:

1. the Account Balance divided by an immediate annuity factor at commencement, plus
2. the grandfathered benefit adjusted by the early retirement factors as follows:

Early Retirement Age	Early Retirement Factor
55	0.5000
56	0.5333
57	0.5667
58	0.6000
59	0.6333
60	0.6667
61	0.7333
62	0.8000
63	0.8667
64	0.9333
65	1.0000

Actively-employed participants who have attained age 62 and whose combined age and years of credited service total at least 95 have an early retirement factor of 1.0.

Actively-employed transition group participants who have attained age 55 and whose combined age and years of credited service total at least 85 have an early retirement factor of 1.0.

SCHEDULE SB ATTACHMENTS

Disability Benefit

Disability Retirement Date: Upon total disability.

Benefits at Disability Retirement

A monthly benefit payable for life equal to the sum of:

1. the actuarial equivalent of the Account Balance, plus

2. the grandfathered benefit.

The special grandfathered benefit shall be the accrued benefit at retirement based on earnings at disability, but service projected to the earliest of retirement, death, termination of employment, or the date the participant is no longer disabled, or December 31, 2004.

Vested Benefits Upon Termination of Service

A monthly benefit for life at normal retirement equal to the sum of:

1. the Account Balance projected with investment experience to normal retirement divided by an immediate annuity factor at normal retirement age, plus

2. the grandfathered benefit at normal retirement age.

Death Benefits for Participants in Active Service

For the surviving spouse of a deceased participant, a monthly benefit payable for life equal to the sum of:

1. the actuarial equivalent of the vested Account Balance, plus

2. 50% of the vested grandfathered benefit the participant would have received had the participant commenced receiving benefits on a 50% joint and survivor basis on his date of death (or age 55, if later).

The actuarial equivalent of the Account Balance may be paid immediately after death as a single sum.

For the beneficiary of a deceased participant who was unmarried, a single sum equal to the Account Balance payable immediately.

Supplementary Pension Increases

Grandfathered benefits for retirees who have completed 15 years of credited service and who have been in pay status 18 months or longer will be increased each July 1 by 80% of the excess of the annual coupon return on December 31 of the Barclay's Capital U.S. Government/Credit 5 - 10 Year Index over 7%.

Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Participants' Contributions

None.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Agents

Plan Sponsor

The Hanover Insurance Company

Plan

The Hanover Insurance Group Cash Balance Pension Plan

Effective Date

The plan was originally effective 1/1/1971. The plan was most recently restated January 1, 2010 and amended on December 16, 2014.

Plan Year

The twelve-month period ending December 31.

Participation

Participation was frozen as of December 31, 1982.

Eligible Compensation

Total taxable remuneration paid while a participant in the plan plus Section 401(k) and Section 125 compensation reduction contributions.

Notwithstanding the above, eligible compensation shall exclude the following:

1. executive incentive compensation
2. employer contributions to a deferred compensation plan or arrangement (other than 401(k) or 125 plans)
3. any and all income with respect to stock options, grants, or similar awards
4. lump sum severance payments
5. imputed income under Section 79 of the Internal Revenue Code
6. educational reimbursements, taxable moving expense allowances and tuition
7. non-cash taxable benefits
8. other taxable amounts received other than cash compensation

SCHEDULE SB ATTACHMENTS

Normal Retirement Date

The first of the month following age 65 and completion of five years of participation.

Normal Form of Benefit

Single life annuity.

Benefits at Normal Retirement

A monthly benefit equal to 1/12 of the sum of:

1. the annual benefit frozen as of December 31, 1998 under the plan provisions in effect at that time; plus
2. the Agent's accrual percentage multiplied by his/her eligible compensation for each year after January 1, 1999 in which the Agent completes a year of service.

As of December 31, 2002, accruals were frozen.

Deferred Retirement

The first day of any month after normal retirement date.

Benefits at Deferred Retirement

Post normal retirement accruals plus actuarial increases for deferred retirement.

Agent Accrual Percentage

An individually determined accrual percentage which is intended to mirror accruals under the pre-1999 formula.

Early Retirement Date

The first of the month following age 55 and completion of 15 years of credited service.

Optional forms of payments

Other actuarially equivalent joint and survivor or period certain and life annuities may be elected based on the factors outlined in the plan document.

Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

A monthly benefit equal to the normal retirement benefit reduced for early commencement by the following early retirement factors:

Early Retirement Age	Early Retirement Factor
55	0.70
56	0.73
57	0.76
58	0.79
59	0.82
60	0.85
61	0.88
62	0.91
63	0.94
64	0.97
65	1.00

Monthly reductions are determined by using straight-line interpolation between whole years.

Death Benefits for Participants in Active Service or Terminated Vested

For the surviving spouse of a deceased vested participant, a monthly benefit for life equal to 50% of the benefit the participant would have received had he commenced receiving benefits on a 50% joint and survivor basis on his date of death (or age 55, if later).

If not eligible for the survivor's benefit, the beneficiary will receive a refund of the participant's contributions with interest.

Supplementary Pension Increases

Grandfathered benefits for retirees who have completed 15 years of credited service and who have been in pay status 18 months or longer will be increased each July 1 by 80% of the excess of the annual coupon return on December 31 of the Barclay's Capital U.S. Government/Credit 5 - 10 Year Index over 7%.

Plan Participants' Contributions

None currently.

SCHEDULE SB ATTACHMENTS

Vesting

100% vested after five years of service.

Changes in Plan Provisions since Last Actuarial Valuation

None.

The Hanover Insurance Group Cash Balance Pension Plan
Plan EIN: 13-5129825 Plan Number: 001
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Institutional Asset Management Trust Company:			
	Separately Managed Account:			
	United States Treasury Bond	Par $50,480,000 Interest 2.000%, Maturity 11/15/2041	$ 45,345,893	$ 35,362,566
	United States Treasury Bill	Par $926,000 Interest 0.000%, Maturity 06/18/2026	909,638	910,974
*	Interest-bearing cash	Cash	10,419	10,419
*	Fidelity Institutional Asset Management Commingled Pools:			
	Intermediate Duration	Commingled Pool	120,207,555	130,796,754
	8-10 Year Corporate Bond	Commingled Pool	67,765,288	88,450,439
	Long Corporate A or Better	Commingled Pool	26,138,851	26,095,538
	Long Duration	Commingled Pool	300,827	607,852
	Total Separately Managed Account			282,234,542
*	U.S. Low Volatility Equity Commingled Pool	Commingled Pool	19,878,492	32,906,485
	Total Fidelity Institutional Asset Management Trust Company			315,141,027
	First Allmerica Financial Life Insurance Company:			
	Fixed Investment Account with Insurance Company	Fixed Investment Account	8,668,036	8,668,036
	Fidelity Management Trust Company:			
*	FIMM Government Portfolio - Institutional Class	Registered Investment Company	6,862,149	6,862,149
	Total Investments			$ 330,671,212

* Represents party-in-interest to the Plan

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025		15.00000	22,960,432	2,140,841
2.	Shortfall	01/01/2024		14.00000	5,359,614	523,384
3.	Shortfall	01/01/2023		13.00000	32,177,822	3,307,097
Total					60,497,868	5,971,322

Plan Name: The Hanover Insurance Group Cash Balance Plan
EIN / PN: 13-5129825/001
Plan Sponsor: The Hanover Insurance Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The plan's interest crediting rate for cash balance accounts decreased from 4% to 3.5%.

Plan Name:	The Hanover Insurance Group Cash Balance Plan
EIN / PN:	13-5129825/001
Plan Sponsor:	The Hanover Insurance Company
Valuation Date:	January 1, 2025