


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 010 ***150.00

DOCUMENT # 802256
 1. Entity Name
AMERICAN EMPLOYERS' INSURANCE COMPANY



Principal Place of Business Mailing Address
ATTN: TAX DEPT. **ATTN: TAX DEPT.**
ONE BEACON ST. **ONE BEACON ST.**
BOSTON, MA 02108 **BOSTON, MA 02108**

ZUUU2441



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number **04-1027270** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **CHOUËL, CHARLES B**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA 02108**

TITLE **D** Change Addition
 NAME **Charles B. Chokel**
 STREET ADDRESS **370 Church St.**
 CITY-ST-ZIP **Guilford, CT 06437**

TITLE **VD** Delete
 NAME **ARCHIMEDES, ALEX C**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA 02108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **CAVOORES, JOHN P**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA 02108**

TITLE **DGP** Change Addition
 NAME **T. Michael Miller**
 STREET ADDRESS **One Beacon St.**
 CITY-ST-ZIP **Boston, MA 02108**

TITLE **S** Delete
 NAME **SMITH, DENNIS R**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **GALEAZ, GREGORY R**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA 02108**

TITLE **DV** Change Addition
 NAME **Paul H. McDonough**
 STREET ADDRESS **One Beacon St.**
 CITY-ST-ZIP **Boston, MA 02108**

TITLE **DV** Delete
 NAME **HOWARD, RICHARD**
 STREET ADDRESS **ONE BEACON STREET**
 CITY-ST-ZIP **BOSTON, MA 02108**

TITLE **DV** Change Addition
 NAME **Brian D. Poole**
 STREET ADDRESS **One Beacon St.**
 CITY-ST-ZIP **Boston, MA 02108**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/16/06** **617-725-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

ATTACHMENT

2000241
802256

2006 FOR PROFIT ANNUAL REPORT

American Employers' Insurance Company

Officers/Directors – Document #802256

Title	VD
Name	Andrew C. Carnase
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035
Title	D
Name	Mark K. Dorcus
Street Address	370 Church Street
City-St-Zip	Guilford, CT 06437
Title	VD
Name	Thomas L. Forsyth
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	VD
Name	Thomas N. Schmitt
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	VD
Name	Roger M. Singer
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	V
Name	Michael J. Daly
Street Address	1500 Spring Garden Street
City-St-Zip	Philadelphia, PA 19130
Title	V
Name	Eugene C. Fazzie
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	V
Name	Dana P. Hendershott
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108
Title	V
Name	Michael R. Keane
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035
Title	V
Name	Michael J. McSally
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

ATTACHMENT

2000244

#802256

Title V
Name John M. Meuschke
Street Address 17600 Burnham Ct.
City-St-Zip Chesterfield, MO 63005

Title V
Name Michael F. Natan
Street Address One Constitution Way
City-St-Zip Foxboro, MA 02035

Title V
Name Donald P. Nibouar
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Kevin J. Rehnberg
Street Address 7760 France Avenue South
City-St-Zip Bloomington, MN 55435

Title V
Name Kathleen M. Taylor
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title T
Name Frederick J. Turcotte
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

ATTACHMENT
OneBeacon INSURANCE ATTACHMENT

20002441
#802256

January 20, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2006 For Profit Corporation Annual Report
American Employers Insurance Company
Atlantic Specialty Insurance Company
The Camden Fire Insurance Association
The Employers' Fire Insurance Company
Houston General Insurance Company
The Northern Assurance Company of America
OneBeacon America Insurance Company
OneBeacon Insurance Company
Pennsylvania General Insurance Company

Dear Sir or Madam:

Enclosed please find the profit annual report and the \$150.00 filing fee for each of the above referenced companies.

Should you have any questions, please contact me at 617-725-7671 or by e-mail at sholland@onebeacon.com.

Sincerely,



Susan Holland
Paralegal

Enclosures
35914_1.DOC