


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 035 ***150.00

DOCUMENT # 811284 1. Entity Name ONEBEACON INSURANCE COMPANY					
Principal Place of Business 1500 SPRING GARDEN ST STE 500 PHILADELPHIA, PA 19130			Mailing Address ONE BEACON STREET BOSTON, MA 20108 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>One Beacon Lane</i> Suite, Apt. #, etc.			
City & State Zip Country		City & State <i>Canton, MA</i> Zip Country <i>02021 USA</i>		4. FEI Number 23-1502700	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DENNIS R ONE BEACON STREET BOSTON, MA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP MILLER, T M ONE BEACON BOSTON, MA 02108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCDONOUGH, PAUL H ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARNASE, ANDREW C ONE CONSTITUTION WY FOXBORO, MA 02035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POOLE, BRIAN D ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	One Beacon Lane Canton, MA 02021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	One Beacon Lane Canton, MA 02021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 life empowered.					
SIGNATURE: <i>Dennis R. Smith</i>		Date <i>781-332-7000</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

ATTACHMENT 40117252

2007 FOR PROFIT CORPORATION ANNUAL REPORT

OneBeacon Insurance Company

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
DALY, MICHAEL J
1500 SPRING GARDEN STREET
PHILADELPHIA, PA 19130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DORCUS, MARK K
370 CHURCH STREET
GUILFORD, CT 06437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FAZZIE, EUGENE C
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V/CAO
HENDERSHOTT, DANA P
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
KEANE, MICHAEL J
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V/GENERAL COUNSEL/DIRECTOR OF GOVERNMENT AFFAIRS
LAWRENCE, JENNIFER E
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MCSALLY, MICHAEL J
22 TIDEWATER FARM ROAD
GREENLAND, NH 03840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MEUSCHKE, JOHN M
9031 WILDLIFE LOOP
SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T
MILLS, TODD C
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/CIO
NATAN, MICHAEL F
ONE BEACON LANE
CANTON, MA 02021

ATTACHMENT

40117252

#811284

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
NIBOUAR, DONALD P
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
REHNBERG, KEVIN J
601 CARLSON PARKWAY
MINNETONKA, MN 55305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/V/CHIEF HUMAN RESOURCES OFFICER
SCHMITT, THOMAS N
ONE BEACON LANE
CANTON, MA 02021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SIBILIA, PHILIP A
ONE BEACON LANE
CANTON, MA 02021