


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90118 016 ***150.00

DOCUMENT # 825960		
1. Entity Name ONEBEACON AMERICA INSURANCE COMPANY		

Principal Place of Business ATTN: TAX DEPT. ONE BEACON ST BOSTON, MA 02108	Mailing Address ATTN: TAX DEPT. ONE BEACON ST BOSTON, MA 02108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number 04-2475442	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

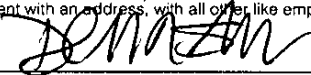
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCO CHOKEL, CHARLES B ONE BEACON ST. BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ARCHIMEDES, ALEX C ONE BEACON STREET BOSTON, MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COVOORES, JOHN P ONE BEACON STREET BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC T. Michael Miller One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOWARD, RICHARD P ONE BEACON STREET BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Paul H. McDonough One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNASE, ANDREW C ONE BEACON STREET BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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		

ATTACHMENT 20002435

2006 FOR PROFIT ANNUAL REPORT

OneBeacon America Insurance Company

Officers/Directors – Document #825960

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	Brian D. Poole
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

20002435
825960

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