

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91056 016 ***158.75

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2475442**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, JOHN A 1 BEACON ST BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PERLMAN, ROBERT S. ONE BEACON STREET BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CAVOORRES, JOHN P ONE BEACON STREET BOSTON MA 02108	<input type="checkbox"/> Delete
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	VD HOEFNER, LARRY A ONE BEACON STREET BOSTON MA 02108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAZSAUSKAS, VINCENT A ONE BEACON STREET BOSTON MA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chair, Chief Admin. officer Chokel, Charles B One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Archimedes, Alex C. One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Co., Director Cavoorres, John P. One Beacon St, Boston, MA 02108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Archimedes, Alex C. One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Howard, Richard P. One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Carnegie, Andrew C. One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Dennis R. Smith 3-3-03 617-725-6000

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

825960
80057535

Officers / Directors List

Alex C. Archimedes
Sr. VP and Director
131 Morristown Rd., Basking Ridge, NY 07920

Andrew C. Carnase
Sr. VP and Director
One Beacon St., Boston, MA 02108

John P. Cavoore
President, Chief Operating Officer and Director
One Beacon St., Boston, MA 02108

Charles B. Chokel
Chairman, Chief Administrative Officer and Director
One Beacon St., Boston, MA 02108

Morgan W. Davis
Sr. VP and Director
One Beacon St., Boston, MA 02108

Richard C. Hirtle
Treasurer
One Beacon St., Boston, MA 02108

Richard P. Howard
Sr. VP and Director
370 Church St., Guilford, CT 06437

Stuart N. Lerwick
Sr. VP and Director
One Beacon St., Boston, MA 02108

James J. Ritchie
Sr. VP and Director
One Beacon St., Boston, MA 02108

Roger M. Singer
Sr. VP and Director
One Beacon St., Boston, MA 02108

Dennis R. Smith
Secretary
One Beacon St., Boston, MA 02108