


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90118 017 ***150.00

DOCUMENT # 811284		
1. Entity Name ONEBEACON INSURANCE COMPANY		

Principal Place of Business 436 WALNUT STREET PHILADELPHIA, PA 19106-3703	Mailing Address ONE BEACON STREET BOSTON, MA 20108 US
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20002434



2. Principal Place of Business 1500 Spring Garden St		3. Mailing Address	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.	
City & State Philadelphia, PA		City & State	
Zip 19130	Country USA	Zip	Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number 23-1502700	Applied For <input type="checkbox"/> Not Applicable
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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	
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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 reinstating) DATE _____

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	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	PCD CAVOORES, JOHN P ONE BEACON 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	VD ARCHIMEDES, ALEX C 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	VD HOWARD, RICHARD P ONE BEACON ST 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 ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Andrew C. Carnase One Constitution Way Foxboro, MA 02035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MORGAN W ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Brian D. Poole 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 617-725-6000
Date Daytime Phone #

ATTACHMENT

20002434

2006 FOR PROFIT ANNUAL REPORT

OneBeacon Insurance Company

Officers/Directors – Document #811284

Title D
Name Charles B. Chokel
Street Address 370 Church Street
City-St-Zip Guilford, CT 06437

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

20002434
#811284

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