

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811284

FILED
Jan 18, 2014
Secretary of State
CC5465627319

Entity Name: ONEBEACON INSURANCE COMPANY

Current Principal Place of Business:

601 CARLSON PARKWAY
SUITE 600
MINNETONKA, MN 55305

Current Mailing Address:

150 ROYALL STREET
CANTON, MA 02021 US

FEI Number: 23-1502700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S	Title	CHAIRMAN, CEO, PRESIDENT
Name	MCCARTHY, VIRGINIA A	Name	MILLER, T MICHAEL
Address	150 ROYALL STREET	Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	CANTON MA 02021	City-State-Zip:	MINNETONKA MN 55305
Title	DIRECTOR, VP	Title	DIRECTOR, CFO
Name	PHILLIPS, MAUREEN A	Name	MCDONOUGH, PAUL H
Address	601 CARLSON PARKWAY SUITE 600	Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	MINNETONKA MN 55305	City-State-Zip:	MINNETONKA MN 55305
Title	DIRECTOR, ASST. SECRETARY	Title	TREASURER
Name	GEDDES, JOAN K	Name	TREACY, JOHN C
Address	150 ROYALL STREET	Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	CANTON MA 02021	City-State-Zip:	MINNETONKA MN 55305

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA A. MCCARTHY

SECRETARY

01/18/2014

Electronic Signature of Signing Officer/Director Detail

Date