

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811284

**Entity Name:** ONEBEACON INSURANCE COMPANY

**Current Principal Place of Business:**

1880 JFK BOULEVARD  
SUITE 801  
PHILADELPHIA, PA 19103

**Current Mailing Address:**

3 BATTERYMARCH PARK  
1ST FLOOR  
QUINCY, MA 02169 US

**FEI Number:** 23-1502700

**Certificate of Status Desired:** Yes

**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            PRESIDENT  
Name            HOCH, STANDLEY  
Address        1880 JFK BOULEVARD  
                  SUITE 801  
City-State-Zip: PHILADELPHIA PA 19103

Title            SECRETARY  
Name            RICHARDS, PAULINE  
Address        1880 JFK BOULEVARD  
                  SUITE 801  
City-State-Zip: PHILADELPHIA PA 19103

Title            TREASURER  
Name            MAHON, TIMOTHY  
Address        1880 JFK BOULEVARD  
                  SUITE 801  
City-State-Zip: PHILADELPHIA PA 19103

Title            ASSISTANT SECRETARY  
Name            WILLIAMS, WENDY  
Address        1880 JFK BOULEVARD  
                  SUITE 801  
City-State-Zip: PHILADELPHIA PA 19103

*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:** STANDLEY HOCH

**PRESIDENT**

**04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date