

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811284

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
P O BOX 6200 (32314-6200)
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
Name	MCCARTHY, VIRGINIA A
Address	150 ROYALL STREET
City-State-Zip:	CANTON MA 02021

Title	DIRECTOR, VP
Name	PHILLIPS, MAUREEN A
Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	MINNETONKA MN 55305

Title	DIRECTOR, ASST. SECRETARY
Name	GEDDES, JOAN K
Address	150 ROYALL STREET
City-State-Zip:	CANTON MA 02021

Title	CHAIRMAN, CEO, PRESIDENT
Name	MILLER, T MICHAEL
Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	MINNETONKA MN 55305

Title	DIRECTOR, CFO
Name	MCDONOUGH, PAUL H
Address	601 CARLSON PARKWAY SUITE 600
City-State-Zip:	MINNETONKA MN 55305

Title	TREASURER
Name	TREACY, JOHN C
Address	601 CARLSON PARKWAY SUITE 600
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****02/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date