

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825960

**Entity Name:** ONEBEACON AMERICA INSURANCE COMPANY**Current Principal Place of Business:**601 CARLSON PARKWAY  
SUITE 600  
MINNETONKA, MN 55305**Current Mailing Address:**150 ROYALL STREET  
CANTON, MA 02021**FEI Number:** 04-2475442**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	CHAIRMAN, PRESIDENT, CEO
Name	MILLER, TIMOTHY M
Address	601 CARLSON PARKWAY
City-State-Zip:	MINNETONKA MN 55305

Title	SECRETARY
Name	MCCARTHY, VIRGINIA A
Address	150 ROYALL STREET
City-State-Zip:	CANTON MA 02021

Title	TREASURER
Name	TREACY, JOHN C.
Address	601 CARLSON PARKWAY
City-State-Zip:	MINNETONKA MN 55305

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

Title	VP, GC
Name	PHILLIPS, MAUREEN A.
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****01/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date