

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90065 015 ***158.75

DOCUMENT # 837645

1. Entity Name
ONEBEACON RISK MANAGEMENT, INC.

Principal Place of Business

**ONE BEACON STREET
 B10-01
 BOSTON MA 02108**

Mailing Address

**ONE BEACON STREET
 B10-01
 BOSTON MA 02108**

80031186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-2562637

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TALMADGE, CARL P
 3751 MCGUIRE BLVD
 ORLANDO FL 32814-7575**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TSUI, GEORGE Y	
STREET ADDRESS	436 WALNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19106	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOWDY, ROBERT C	
STREET ADDRESS	1 BEACON ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS R	
STREET ADDRESS	1 BEACON ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, CHARLES R	
STREET ADDRESS	1 BEACON ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIRTLE, RICHARD C	
STREET ADDRESS	1 BEACON ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANAS, RICHARD S	
STREET ADDRESS	1 BEACON STREET	
CITY-ST-ZIP	BOSTON MA 02108	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavooras, John P.	
STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	Boston, MA 02108	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singer, Roger M.	
STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	Boston, MA 02108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jordan, Richard A.	
STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	Boston, MA 02108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrette, Raymond	
STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	Boston, MA 02108	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

Dennis R. Smith 1-21-02 617-725-6000

Date

Daytime Phone #

CR2E034 (9/01)