


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90011 002 ***150.00

DOCUMENT # 837645

1. Entity Name
ONEBEACON RISK MANAGEMENT, INC.



Principal Place of Business Mailing Address

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


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20000040



01122006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
04-2562637 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TALMADGE, CARL P 3751 MCGUIRE BLVD ORLANDO, FL 32814-7575		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVOORES, JOHN P ONE BEACON ST BOSTON, MA 02108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP T. Michael Miller One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SINGER, ROGER M 1 BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles B. Chokel 370 Church St. Guilford, CT 06437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DENNIS R 1 BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Joan K. Geddes One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLINGS, MICHAEL J 1 BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer M. Fran O'Loughlin One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURCOTTE, FREDERICK J 2 MEADOW POND LANE NATICK, MA 01760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer David G. Staples 89 South Main St. Hanover, NH 03755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP PAGANINI, KENNETH J 1 BEACON STREET BOSTON, MA 02108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* Date 6/17/25-7227 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

20006949
#837645

1/13/06

ONEBEACON RISK MANAGEMENT, INC.

DIRECTORS

T. Michael Miller 6350 Summit Circle, Chanhassen, MN 55317-9138

Charles B. Chokel 370 Church St., Guilford, CT 06437 (office)
2613 Butterwing Road, Pepper Pike, OH 44124 (residence)

Roger M. Singer 21 Wormwood St., Unit 618, Boston, MA 02210

OFFICERS

T. Michael Miller 6350 Summit Circle, Chanhassen, MN 55317-9138
President

Roger M. Singer 21 Wormwood St., Unit 618, Boston, MA 02210
Vice President

Kenneth J. Paganini 17 State Street, Wall Street Plaza, 11th Fl., New York, NY 10005 (office)
Assistant Vice President 76 Mohawk Avenue, Long Beach, NY 11561 (residence)

Dennis R. Smith 23 Firecut Lane, Sudbury, MA 01776
Secretary

Frederick J. Turcotte 2 Meadow Pond Lane, Natick, MA 01760
Treasurer

Joan K. Geddes 85 Push Cart Lane, Hanover, MA 02339
Assistant Secretary

M. Fran O'Loughlin 26 Fitzgerald Avenue, Winchester, MA 01890
Assistant Treasurer

David G. Staples 80 South Main Street, Hanover, NH 03755 (office)
Assistant Treasurer 85 South Main Street, #2, Hanover, NH 03755 (residence)

(Residential address shown for each Director and Officer. The business address for each Officer is One Beacon Street, Boston, MA 02108, with the exception of Kenneth J. Paganini, David Staples and Charles Chokel.)