

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837645

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: ONEBEACON RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

1 BEACON LN  
CANTON, MA 02021

**New Principal Place of Business:**

1 BEACON LANE  
CANTON, MA 02021

**Current Mailing Address:**

1 BEACON LN  
CANTON, MA 02021

**New Mailing Address:**

1 BEACON LANE  
CANTON, MA 02021

FEI Number: 04-2562637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TALMADGE, CARL P  
3751 MCGUIRE BLVD  
ORLANDO, FL 328147575 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MILLER, T. MICHAEL  
Address: ONE BEACON ST  
City-St-Zip: BOSTON, MA 02108

Title: DVP ( ) Delete  
Name: FORSYTH, THOMAS L  
Address: 1 BEACON ST  
City-St-Zip: BOSTON, MA 02108

Title: S ( ) Delete  
Name: SMITH, DENNIS R  
Address: 1 BEACON ST  
City-St-Zip: BOSTON, MA 02108

Title: T ( ) Delete  
Name: TURCOTTE, FREDERICK J  
Address: 2 MEADOW POND LANE  
City-St-Zip: NATICK, MA 01760

Title: AVP (X) Delete  
Name: PAGANINI, KENNETH J  
Address: 1 BEACON STREET  
City-St-Zip: BOSTON, MA 02108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MILLER, T. MICHAEL  
Address: ONE BEACON LANE  
City-St-Zip: CANTON, MA 02021

Title: T (X) Change ( ) Addition  
Name: MILLS, TODD L  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021

Title: S (X) Change ( ) Addition  
Name: SMITH, DENNIS R  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021

Title: D (X) Change ( ) Addition  
Name: RICH, BRADFORD W  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS R. SMITH

S

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date