

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837645

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** ONEBEACON RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

1 BEACON LANE  
CANTON, MA 02021

**New Principal Place of Business:**

**Current Mailing Address:**

1 BEACON LANE  
CANTON, MA 02021

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILLER, T. MICHAEL  
Address: 601 CARLSON PARKWAY  
City-St-Zip: MINNETONKA, MN 55305 US

Title: T  
Name: MILLS, TODD C  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021 US

Title: S  
Name: SMITH, DENNIS R  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021 US

Title: D  
Name: RICH, BRADFORD W  
Address: 1 BEACON LANE  
City-St-Zip: CANTON, MA 02021 US

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: DENNIS R. SMITH

S

02/15/2011

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

\_\_\_\_\_  
Date