

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91314 023 \*\*\*150.00

**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**

**11024778**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>04-2562637</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>TALMADGE, CARL P 3751 MCGUIRE BLVD ORLANDO FL 32814-7575</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <b>CAVOORES, JOHN P</b> <b>ONE BEACON ST.</b> <b>BOSTON MA 02108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, Pres. - Int. Affairs</i> <i>Cavoores, John P</i> <i>One Beacon St.</i> <i>Boston, MA 02108</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SINGER, ROGER M</b> <b>1 BEACON ST</b> <b>BOSTON MA 02108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director, VP</i> <i>Singer, Roger M.</i> <i>One Beacon St., Boston, MA 02108</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, DENNIS R</b> <b>1 BEACON ST</b> <b>BOSTON MA 02108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Billings, Michael J.</i> <i>One Beacon St., Boston, MA 02108</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JORDAN, RICHARD A</b> <b>1 BEACON ST</b> <b>BOSTON MA 02108</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Chokel, Charles B.</i> <i>One Beacon St.</i> <i>Boston, MA 02108</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HIRTLE, RICHARD C</b> <b>1 BEACON ST</b> <b>BOSTON MA 02108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. VP</i> <i>Paganini, Kenneth J.</i> <i>One Beacon St., Boston, MA 02108</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRETTE, RAYMOND</b> <b>1 BEACON STREET</b> <b>BOSTON MA 02108</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Kitchie, Tom J.</i> <i>One Beacon St.</i> <i>Boston, MA 02108</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with a power of attorney with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *Dennis R. Smith* **3-3-03 617-255-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)