

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CGU Insurance Company		08/28/2001	CORPORATION:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	OneBeacon Insurance Company		
<b>Street Address:</b>	One Beacon Lane		
<b>Internal Address:</b>	C1-10		
<b>City:</b>	Canton		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	02021		
<b>Entity Type:</b>	CORPORATION:		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1064640	MASTER DRIVER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(781)332-7177		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	781-332-7671		
<b>Email:</b>	sholland@onebeacon.com		
<b>Correspondent Name:</b>	Susan Holland		
<b>Address Line 1:</b>	One Beacon Lane		
<b>Address Line 2:</b>	C1-10		
<b>Address Line 4:</b>	Canton, MASSACHUSETTS 02021		
<b>NAME OF SUBMITTER:</b>	Susan Holland		
<b>Signature:</b>	/Susan Holland/		
<b>Date:</b>	10/01/2007		

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