

1.) CORPORATION NAME:

**OneBeacon Insurance Company**

DUE DATE: **12/31/2011**

SCC ID NO: **F0125296**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL STREET

CITY/ST/ZIP: CANTON, MA 02021-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSETTE D KIEL  
TITLE: SR VP/CHF UND O  
ADDRESS: 8000 IH 10 WEST STE 1045  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-

OFFICER

DIRECTOR

NAME: T MICHAEL MILLER  
TITLE: COB  
ADDRESS: 601 CARLSON PKWY  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: JOAN K GEDDES  
TITLE: ASST SECRETARY  
ADDRESS: 150 ROYALL STREET  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: DENNIS R SMITH  
TITLE: SECRETARY  
ADDRESS: 150 ROYALL STREET  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: ALEXANDER C ARCHIMEDES  
TITLE: SR VP  
ADDRESS: 44 WHIPPANY ROAD  
CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE E FREEDMAN DIRECTOR 150 ROYALL STREET CANTON, MA 02021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA P HENDERSHOTT SR VP/CAO 150 ROYALL STREET CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL H MCDONOUGH SR VP/ CFO 601 CARLSON PARKWAY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D POOLE SR VP/CA 601 CARLSON PARKWAY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADFORD W RICH P/CEO/GC 150 ROYALL STREET CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS N SCHMITT SR VP/CHRO 601 CARLSON PARKWAY STE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD C MILLS TREASURER 150 ROYALL STREET CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DENNIS R SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS R SMITH, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/10/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			