

1.) CORPORATION NAME:

OneBeacon Insurance Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F0125296**

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: 601 CARLSON PKWY
SUITE 600

CITY/ST/ZIP: MINNETONKA, MN 55305

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRADFORD W RICH	
TITLE:	P/CEO	
ADDRESS:	150 ROYALL STREET	
CITY/ST/ZIP/CO:	CANTON, MA 02021	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANA P HENDERSHOTT	
TITLE:	SR VP	
ADDRESS:	150 ROYALL STREET	
CITY/ST/ZIP/CO:	CANTON, MA 02021	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL H MCDONOUGH	
TITLE:	SR VP/ CFO	
ADDRESS:	601 CARLSON PARKWAY STE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN D POOLE	
TITLE:	SR VP/CA	
ADDRESS:	601 CARLSON PARKWAY STE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS N SCHMITT	
TITLE:	SR VP/CHRO	
ADDRESS:	601 CARLSON PARKWAY STE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K GEDDES ASST SECRETARY 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD C MILLS VP/TREASURER 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T MICHAEL MILLER COB 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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:	MAUREEN A PHILLIPS SR VP/GC 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN W DUFFY SR VP/C CLAIMS 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA A MCCARTHY SECRETARY 150 ROYALL ST CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W MCCLINTOCK SR VP/CIO 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C TREACY SR VP 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<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/ VIRGINIA AMCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA AMCCARTHY, PRINTED NAME AND CORPORATE TITLE	11/28/2012 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.			