

1.) CORPORATION NAME:

**OneBeacon America Insurance Company**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CHARLES F MIDKIFF**

**MIDKIFF MUNCIE & ROSS PC**

**300 ARBORETUM PLACE STE 420**

**RICHMOND, VA 23236**

SCC ID NO: **F0238701**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

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:	T MICHAEL MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	601 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	TODD MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	150 ROYALL ST.		
CITY/ST/ZIP/CO:	CANTON, MA 02021-		
NAME:	VIRGINIA A. MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	150 ROYALL ST.		
CITY/ST/ZIP/CO:	CANTON, MA 02021-		
NAME:	BRADFORD W. RICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021-		
NAME:	SEAN W. DUFFY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CCO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL H. MCDONOUGH SVP/CFO 601 CARLSON PARKWAY 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:	JOAN K. GEDDES ASST SECRETARY 150 ROYALL ST. CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA P. HENDERSHOTT SVP 150 ROYALL STREET CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSETTE D. KIEL SVP/CUO THE FORUM SUITE 1045 SAN ANTONIO, TX 78230-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D. POOLE SVP/CActuary 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS N. SCHMITT SVP/CHRO 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. MCCLINTOCK SVP/CIO 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN A. PHILLIPS SVP/GC 601 CARLSON PARKWAY 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 A. MCCARTHY  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

VIRGINIA A. MCCARTHY,  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

3/20/2012  
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.