

1.) CORPORATION NAME:

OneBeacon America Insurance Company

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES F MIDKIFF
MIDKIFF MUNCIE & ROSS PC
300 ARBORETUM PLACE STE 420**

SCC ID NO: **F0238701**

RICHMOND, VA

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: 601 CARLSON PARKWAY
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.

NAME:	T MICHAEL MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/P/CEO		
ADDRESS:	601 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME:	MAUREEN A. PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & GC		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME:	JOHN C. TREACY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & Treasurer		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

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:	JOAN K. GEDDES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & Asst Sec		
ADDRESS:	150 ROYALL ST.		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

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:	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:	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:	PAUL J. BREHM SVP 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA A. MCCARTHY VP & 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 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:	DENNIS A. CROSBY DIRECTOR 1720 WINDWARD CONCOURSE SUITE 325 ALPHARETTA, GA 30005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL F. ROMANO DIRECTOR 199 SCOTT SWAMP ROAD FARMINGTON, CT 06032	<input type="checkbox"/> OFFICER	<input checked="" 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, VP & Secretary PRINTED NAME AND CORPORATE TITLE	4/17/2014 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.