

1.) CORPORATION NAME:

**OneBeacon Midwest Insurance Company**

DUE DATE: **7/31/2011**

SCC ID NO: **F1114224**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
CHARLES F MIDKIFF  
300 ARBORETUM PLACE STE 420  
RICHMOND, VA 23236**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 BEACON LANE

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: ALEX C ARCHIMEDES  
TITLE: SR VP  
ADDRESS: 131 MORRISTOWN RD  
CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920-

OFFICER

DIRECTOR

NAME: TODD MILLS  
TITLE: VP/TREAS  
ADDRESS: 1 BEACON LANE  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: DENNIS R SMITH  
TITLE: SECRETARY  
ADDRESS: 1 BEACON LANE  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: T MICHAEL MILLER  
TITLE: CHAIRMAN  
ADDRESS: 601 CARLSON PARKWAY  
SUITE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: BRIAN D POOLE  
TITLE: SVP  
ADDRESS: 601 CARLSON PARKWAY  
SUITE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE FREEDMAN DIRECTOR ONE BEACON LANE CANTON, MA 02021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K GEDDES ASST SECRETARY ONE BEACON LANE CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA P HENDERSHOTT SR VP ONE BEACON LANE CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSETTE D KIEL SR VP 8000 IH 10 WEST 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 SR VP/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:	BRADFORD W RICH PRES/CEO/GC ONE BEACON LANE 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 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:	SEAN W DUFFY SR VP 601 CARLSON PARKWAY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE C FAZZIE SR VP 1717 ARCH ST SUITE 4700 PHILADELPHIA, PA 19103-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GARY A PLOTKIN  
TITLE: SR VP  
ADDRESS: ONE BEACON LANE  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

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 DENNIS R SMITH, SECRETARY 6/20/2011  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE 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.