

1.) CORPORATION NAME:

OneBeacon Midwest Insurance Company

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1114224**

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

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

NAME:	JOSETTE D KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	8000 IH 10 WEST		
CITY/ST/ZIP/CO:	SUITE 1045 SAN ANTONIO, TX 78230		

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

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

NAME: SEAN W DUFFY TITLE: SR VP ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD MILLS TITLE: VP/TREAS ADDRESS: 150 ROYALL ST. CITY/ST/ZIP/CO: CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOAN K GEDDES TITLE: ASST SECRETARY ADDRESS: 150 ROYALL ST. CITY/ST/ZIP/CO: CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: T MICHAEL MILLER TITLE: CHAIRMAN ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN D POOLE TITLE: SVP ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANE FREEDMAN TITLE: DIRECTOR ADDRESS: 150 ROYALL ST. CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAUREEN A PHILLIPS TITLE: SR VP ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT W MCCLINTOCK TITLE: SR VP ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VIRGINIA A MCCARTHY TITLE: SECRETARY ADDRESS: 150 ROYALL ST. CITY/ST/ZIP/CO: 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/ VIRGINIA AMCCARTHY	VIRGINIA AMCCARTHY,	6/25/2012
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.