

1.) CORPORATION NAME:

OneBeacon Midwest Insurance Company

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1114224**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

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

NAME:	JOSETTE D KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	8000 IH 10 WEST SUITE 1045		
CITY/ST/ZIP/CO:	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 SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

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

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

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: JOAN K GEDDES TITLE: VICE PRESIDENT 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/P/CEO 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: VIRGINIA A MCCARTHY TITLE: VP/Secretary ADDRESS: 150 ROYALL ST. CITY/ST/ZIP/CO: CANTON, MA 02021	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DENNIS A CROSBY TITLE: DIRECTOR ADDRESS: 1720 WINDWARD CONCOURSE SUITE 325 CITY/ST/ZIP/CO: ALPHARETTA, GA 30005	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PAUL F ROMANO TITLE: DIRECTOR ADDRESS: 199 SCOTT SWAMP ROAD CITY/ST/ZIP/CO: FARMINGTON, CT 06032	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PAUL J BREHM 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: JOHN C TREACY TITLE: TREASURER ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: 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, VP/Secretary PRINTED NAME AND CORPORATE TITLE	5/31/2013 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.				