

Phillips Maureen  
Form 3  
February 29, 2012

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â Phillips Maureen

(Last)

(First)

(Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

02/21/2012

3. Issuer Name and Ticker or Trading Symbol

OneBeacon Insurance Group, Ltd. [OB]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner

X Officer \_\_\_ Other  
(give title below) (specify below)

SVP & General Counsel

6. Individual or Joint/Group

Filing(Check Applicable Line)

X Form filed by One Reporting Person

\_\_\_ Form filed by More than One Reporting Person

ONEBEACON  
INSURANCE,Â 601 CARLSON  
PARKWAY, SUITE 700

(Street)

MINNETONKA,Â MNÂ 55305

(City)

(State)

(Zip)

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:  
Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Date Exercisable

Expiration Date

Title

Amount or Number of

Shares

or Indirect  
(I)  
(Instr. 5)

## Reporting Owners

| Reporting Owner Name / Address                                                                    | Relationships |           |                               |       |
|---------------------------------------------------------------------------------------------------|---------------|-----------|-------------------------------|-------|
|                                                                                                   | Director      | 10% Owner | Officer                       | Other |
| Phillips Maureen<br>ONEBEACON INSURANCE<br>601 CARLSON PARKWAY, SUITE 700<br>MINNETONKA, MN 55305 | Ã             | Ã         | Ã SVP &<br>General<br>Counsel | Ã     |

## Signatures

Jane E. Freedman,  
Attorney-in-Fact

02/29/2012

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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