## Edgar Filing: Grady Lois W - Form 4

Grady Lois Form 4	W										
March 05, 2	2012										
	_							OM	IB APPROV	/AL	
FORM	<b>14</b> UNITED	STATES		RITIES A shington.			GE COMMISSIO	ON OMB Numbe	er: 323	3235-0287 January 31, 2005 erage s per 0.5 n(s) to Dwner (specify (Check on orting <b>Owned</b> . Nature of ndirect	
Check th if no lon subject to Section Form 4 Form 5 obligation may con <i>See</i> Insta 1(b).	nger to 16. or Filed pur <sup>Dns</sup> Section 17(	suant to S (a) of the I	CHAN Section	NGES IN SECUR	BENEF RITIES le Securit ding Cor	ICIAL ties Exc npany A	OWNERSHIP C hange Act of 1934 Act of 1935 or Sec of 1940	Estima burden respon 4,	ted average hours per	2005 9	
(Print or Type	Responses)										
1. Name and A Grady Lois	Address of Reporting	Person <u>*</u>	Symbol	er Name <b>and</b> acon Insur		-	5. Relationshij Issuer			)	
			[OB]			· · · · ·	(C	beck all appli	cable)		
	(First) ( CON INSURANC TD., 150 ROYAI			of Earliest Tr Day/Year) 2011	ransaction		X Director Officer (g below)	give title below	_ 10% Owner _ Other (specif v)	ý	
	(Street)			endment, Da onth/Day/Year	-	1	6. Individual of Applicable Line _X_ Form filed	;)		ε	
CANTON,	MA 02021							by More than O			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securitie	es Acquired, Dispose	d of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) . (Instr. 3 and 4)		nip 7. Natur ct Indirect rect Benefic Owners (Instr. 4	t cial ship	
				Code V		(D) Pr	ice				
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned direct	tly or indirectly.				

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of ( (Instr. 3, 4, an 5)	Expi (Mor D)	ate Exer ration D nth/Day/		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)		cisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units	<u>(1)</u>	10/02/2011		D	6,334.	74	(1)	<u>(1)</u>	Common Stock	2,533.89

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
FB (	Director	10% Owner	Officer	Other
Grady Lois W ONE BEACON INSURANCE GROUP, LTD. 150 ROYALL STREET CANTON, MA 02021	X			
Signatures				
/s/ Jane E. Freedman, Attorney-In-Fact	3/05/2012			
<b>**</b> Signature of Reporting Person	Date			

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 4(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).
- (1) Each phantom stock unit is the economic equivalent of 0.4 shares of Class A common stock. The closing price of the issuer's common shares on October 2, 2011 was \$13.64 per share. The phantom stock units were settled in cash on October 2, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.