OneBeacon Insurance Group, Ltd.

11/20/2006

11/20/2006

Common Shares Class A

Common

Shares

Form 4

November 21, 2006

FORM	1 4 _{UNITED}	STATES					NGE C	OMMISSION	OMB AF OMB Number:	3235-028	87	
Check this box if no longer subject to Section 16. SECURITIES SECURITIES SECURITIES SECURITIES Lanuary Expires: 20 Estimated average burden hours per											31, 05).5	
(Print or Type I	Responses)											
HOWARD RICHARD PAGE Symbol				· Name and				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D) ONEBEACON INSURANCE 11/20/20 GROUP, LTD., ONE BEACON STREET								X Director 10% Owner Officer (give title Other (specify below)				
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BOSTON, MA 02108								Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Shares	11/20/2006			P	1,000	A	\$ 26.8	1,000	D			
Class A							•					

1,000 A

1,000 A

P

P

2,000

\$ 26.8 3,000

D

D

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Class A Common Shares	11/20/2006	P	1,000	A	\$ 26.7	4,000	D
Class A Common Shares	11/20/2006	P	400	A	\$ 26.76	4,400	D
Class A Common Shares	11/20/2006	P	600	A	\$ 26.94	5,000	D

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

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	Unde Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 6	Director	10% Owner	Officer	Other			
HOWARD RICHARD PAGE ONEBEACON INSURANCE GROUP, LTD. ONE BEACON STREET BOSTON, MA 02108	X						
Cianaturas							

Signatures

Jane E. Freedman, Attorney in Fact

**Signature of Reporting Person Date

Reporting Owners 2

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).

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.