OneBeacon Insurance Group, Ltd. Form 3 November 07, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

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 <u>*</u> FOY DAVID THOMAS				2. Date of Event Requiring Statement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol OneBeacon Insurance Group, Ltd. [NYSE:OB]				
	(Last)	(First)	(Middle)	11/08/2006	4. Relationship of Person(s) to Issu	1 0	5. If Amendment, Date Original Filed(Month/Day/Year)		
	C/O ONE BI INSURANC LTD., ONI STREET	E GROUP	·		(Check all X_ Director Officer	applicable) 10% Owner Other	Υ • <i>΄</i>		
		(Street)			(give title below)	(specify below)	6. Individual or Joint/Group		
BOSTON, MA 02108			08				Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
	(City)	(State)	(Zip)	Table I - N	lon-Derivativ	e Securities Be	neficially Owned		

Table 1 - Non-Derivative Securities Denenciary Owned				
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)		
0	D	Â		
	2. Amount of Securities Beneficially Owned (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		

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.

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security	Conversion or Exercise	- · · · · ·	Beneficial Ownership (Instr. 5)

OMB APPROVAL

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting of their function from the		Director	10% Owner	Officer	Other
FOY DAVID THOMAS C/O ONE BEACON INSURANCE GROU ONE BEACON STREET BOSTON, MA 02108	P, LTD.	ÂX	Â	Â	Â
Signatures					
/s/ Thomas L. Forsyth, Attorney-in-Fact	11/07/20	06			
<u>**</u> Signature of Reporting Person	Date				
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Explanation of Responses:

* 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. 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.