## Edgar Filing: HOWARD RICHARD PAGE - Form 4

| HOWARD F<br>Form 4<br>March 05, 20  | RICHARD PAGE                            | 2   |           |   |                  |  |  |  |  |           |  |
|---|---|---|-----------|---|------------------|--|--|--|--|-----------|--|
| FORM /  |   |   |           |   |                  |  |  |  |  | PPROVAL   |  |
| <b>CONIVI 4</b> UNITED STATES S   |   |   |           | RITIES A<br>Shington,   |                  |  | NGE C  | COMMISSION   | OMB<br>Number:   | 3235-0287 |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 or<br>Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b). | 6.<br>Filed pur<br>Section 17(a         | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>20(b) of the Investment Company Act of 1940 |           |   |                  |  |  |  | January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |           |  |
| (Print or Type F  | Responses)                              |   |           |   |                  |  |  |  |  |           |  |
| HOWARD RICHARD PAGE Symbol  |   |   |           | er Name <b>and</b> Ticker or Trading<br>eacon Insurance Group, Ltd.   |                  |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                      |  |           |  |
| (Last) (First) (Middle) 3. Date   |   |   |           | of Earliest Transaction<br>/Day/Year)<br>2009   |                  |  |  | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below)below)                          |  |           |  |
| (Street) 4. I   |   |   | 4. If Ame | . If Amendment, Date Original   |                  |  |  | 6. Individual or Joint/Group Filing(Check  |  |           |  |
|   |   |   |           | Month/Day/Year)   |                  |  |  | Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |           |  |
|   |   | (7.)  |           |   |                  |  |  | Person   |  |           |  |
| (City)  | (State)                                 | (Zip)   | Tabl      | e I - Non-D   | erivative S      | ecurit   | ties Acq   | uired, Disposed of   | f, or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) | Execution<br>any  |           | 3. 4. Securities Acquired<br>Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>or |                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  |  |           |  |
| Class A<br>Common<br>Stock  | 03/05/2009                              |   |           | Code V<br>P   | Amount<br>10,000 | (D)<br>A   | Price<br>\$<br>9.89  | 42,961   | 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.

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

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                     |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                                 | 4, and 5)<br>(A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

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## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |      |  |  |  |
|--|---------------|-----------|---------|------|--|--|--|
| r g t  | Director      | 10% Owner | Officer | Othe |  |  |  |
| HOWARD RICHARD PAGE<br>ONE BEACON INSURANCE GROUP, LTD.<br>1 BEACON LANE<br>CANTON, MA 02021 | х             |           |         |      |  |  |  |
| Signatures   |               |           |         |      |  |  |  |
| /s/ Jane E. Freedman,<br>Attorney-In-Fact  | /05/2009      |           |         |      |  |  |  |
| **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).

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.