Edgar Filing: Malis Ira H - Form 4

Malis Ira H

| Form 4 |) | | | | | | | | | | |
|---|-----------------------------------|----------------------|-------------------------------------|---|------------------------|--------------------------------------|---|--|--|---|--|
| June 18, 2010 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue UNITED STATES SECU W STATEMENT OF CHA | | | | RITIES AND EXCHANGE (ashington, D.C. 20549 NGES IN BENEFICIAL OW SECURITIES 16(a) of the Securities Exchang Jtility Holding Company Act of nvestment Company Act of 19 | | | | NERSHIP OF ge Act of 1934, f 1935 or Sectio | IP OF 1934, | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Malis Ira H Symbol OneH | | | Symbol | neBeacon Insurance Group, Ltd. | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month. | | | 3. Date of (Month/Da 06/16/20 | - | | | Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | ndment, Date Original hth/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 Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executio any | | 3. Transactic Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) o of (D 4 and (A) or |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A Common Stock | 06/16/2010 | | | А | 5,017 | А | \$0 | 23,000 | 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.

 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Malis Ira H ONE BEACON INSURANCE GROUP, LT 1 BEACON LANE CANTON, MA 02021 | D. X | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Jane E. Freedman, Attorney-In-Fact | 06/18/2010 | | | | | | | |
| **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.