

Applicant Name: **The EMPLOYERS' FIRE INSURANCE COMPANY** NAIC No. **20648**  
 FEIN: **04-1288420**

**Uniform Certificate of Authority Application (UCAA)  
 Primary Application**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	X
Illinois		Rhode Island	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana		Utah	
Maine		Vermont	
Maryland		Virginia	
Massachusetts		Washington	
Michigan		West Virginia	
Minnesota		Wisconsin	
Mississippi		Wyoming	
Missouri			

(Check the appropriate states in which you are applying.)

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Name of Insurer: The Employers' Fire Insurance Company NAIC # 20648 -- 1129 Group Code

Home Office Address: 150 Royall Street, Canton, MA 02021-1031

Administrative Office Address: 1150 Royall Street, Canton, MA 02021-1031

Mailing Address: 150 Royall Street, Canton, MA 02021-1031

Phone: (781) 332-7000 Fax: (781) 332-7969

Are these addresses the same as those shown on your Annual Statement?

Yes  No

If not, indicate why.

\_\_\_\_\_

Applicant Name: The EMPLOYERS' FIRE INSURANCE COMPANY NAIC No. 20648  
FEIN: 04-1288420

Date Incorporated: March 10, 1971 Form of Organization: Insurance Company

Billing Address: 150 Royall Street, Canton, MA 02021-1031  
E-Mail Address: N/A Phone: (781) 332-7000 Fax: (781) 332-7969

Premium Tax Statement Address: 150 Royall Street, Canton, MA 02021  
E-Mail Address: bgillen@onebeacon.com Phone: (781) 332-7322 Fax: (781) 332-7073

Producer Licensing Address: 150 Royall Street, Canton, MA 02021  
E-Mail Address: jstoute@onebeacon.com Phone: (781) 332-9102 Fax: (781) 888-802-5236

Rate/Form Filing Address: 150 Royall Street, Canton, MA 02021  
E-Mail Address: lseitz@onebeacon.com Phone: (781) 332-8557 Fax (781) 332-8525

Consumer Affairs Address: 150 Royall Street, Canton, MA 02021  
E-Mail Address: consumercomplaints@onebeacon.com Phone: (781) 332-7671 Fax: (866) 639-0517

State or Country of Domicile: Massachusetts Date Organized: March 10, 1971

Date of Last Financial Examination: December 31, 2006. An examination for the period 1/1/07 - 12/31/11 is still pending.

Date of Last Market Conduct Examination: The Massachusetts Division of Insurance is currently conducting a market conduct examination of The Employers' Fire Insurance Company for the period January 1, 2011-December 31, 2011.

Par Value of Issued Stock: \$ 100.00 Surplus as regards policyholders: \$19,432,889.00

Certificate of Deposit (Home State) \$ Massachusetts \$3,665,000.00

Ultimate Owner/Holding Company: White Mountains Insurance Group, Ltd.

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes  No

If Yes, give full explanation in an attached letter.

The applicant hereby designates (name natural persons only) Jeannette Stoute, Donna Walsh, Melissa Beaudoin, Lauri McGuinness, to appoint persons and entities to act as and to be licensed as agents in the State of Pennsylvania, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the applicant before the department.

Name Virginia A. McCarthy  
Title Associate General Counsel and Secretary  
Mailing Address 150 Royall Street, Canton, MA 02021  
E-Mail Address: vmccarthy@onebeacon.com Phone: (781) 332-7191 Fax: (866) 267-2240

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name N/A  
Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, that are pending before the Department.

OneBeacon America Insurance Company [Redomestication]

**Applicant Officers' Certification and Attestation**

One of the officers (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the Secretary of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this 2nd day of April 2013 at Canton, MA.

\_\_\_\_\_  
Date

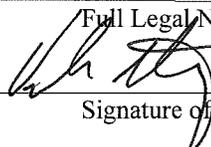
4-2-13

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President

T. Michael Miller  
Full Legal Name of President

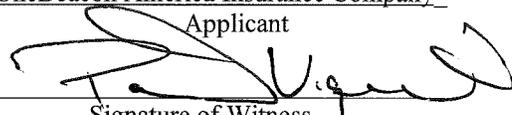
  
\_\_\_\_\_  
Signature of Secretary

Virginia A. McCarthy  
Full Legal Name of Secretary

\_\_\_\_\_  
Signature of Treasurer

John C. Treacy  
Full Legal Name of Treasurer

OneBeacon America Insurance Company  
Applicant

  
\_\_\_\_\_  
Signature of Witness

Patricia M. Vigeant  
Full Legal Name of Witness