

SUMMARY ANNUAL REPORT FOR ONEBEACON WELFARE PLAN

This is a summary of the annual report of the ONEBEACON WELFARE PLAN, a health, life insurance, dental, vision, temporary disability, prepaid legal, long-term disability and death benefits plan (Employer Identification Number 26-3300555, Plan Number 506), for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

ONEBEACON SERVICES, LLC has committed itself to pay certain Medical claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Liberty Mutual Assurance Company of Boston, ReliaStar Life Insurance Company, Metropolitan Life Insurance Company, Fidelity Security Life Insurance Company, Delta Dental of Minnesota, ARAG Insurance Company and Atlantic Specialty Insurance Company to pay certain Long-Term Disability, Life, Accidental Death & Dismemberment, Vision, Dental, Legal, Business Travel Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$3,157,752.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 605 NORTH HIGHWAY 169 SUITE 800, PLYMOUTH, MN 55441 and phone number, 952-852-2400. The charge to cover copying costs will be \$8.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 605 NORTH HIGHWAY 169 SUITE 800, PLYMOUTH, MN 55441, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.