

1.) CORPORATION NAME:

HISCOX INSURANCE COMPANY INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F0129660**

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

RICHMOND, VA 23219

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 233 NORTH MICHIGAN AVE., SUITE 1840

CITY/ST/ZIP: CHICAGO, IL 60601

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GAVIN STUART WATSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/PRES		
ADDRESS:	520 MADISON AVENUE 32ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	MICHAEL LOUIS RYBAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T/VP/CFO		
ADDRESS:	233 N. MICHIGAN AVE STE 1840		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		
NAME:	ROBERT SIMON CHILDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	520 MADISON AVENUE 32ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	BEN WALTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	520 MADISON AVENUE 32ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	CHRISTOPHER JOHN LEISZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	233 NORTH MICHIGAN AVE. SUITE 1840		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WILLIAM SCHACHT DIRECTOR 233 NORTH MICHIGAN AVE. SUITE 1840 CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRONEK MASOJADA DIRECTOR 520 MADISON AVENUE 32ND FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GAVIN STUART WATSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAVIN STUART WATSON, EVP/PRES PRINTED NAME AND CORPORATE TITLE	8/10/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.