

1.) CORPORATION NAME:

HISCOX INSURANCE COMPANY INC.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0129660**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

RICHMOND, VA

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GAVIN STUART WATSON	
TITLE:	PRES/EVP	
ADDRESS:	520 MADISON AVENUE 32ND FLOOR NEW YORK, NY 10022	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL LOUIS RYBAK	
TITLE:	S/T/VP/CFO	
ADDRESS:	233 N. MICHIGAN AVE STE 1840 CHICAGO, IL 60601	
CITY/ST/ZIP/CO:	CHICAGO, IL 60601	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT SIMON CHILDS	
TITLE:	CHAIRMAN	
ADDRESS:	520 MADISON AVENUE 32ND FLOOR NEW YORK, NY 10022	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BEN WALTER	
TITLE:	CEO	
ADDRESS:	520 MADISON AVENUE 32ND FLOOR NEW YORK, NY 10022	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER JOHN LEISZ	
TITLE:	DIRECTOR	
ADDRESS:	233 NORTH MICHIGAN AVE. SUITE 1840 CHICAGO, IL 60601	
CITY/ST/ZIP/CO:	CHICAGO, IL 60601	

NAME:	BRONEK MASOJADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	520 MADISON AVENUE		
CITY/ST/ZIP/CO:	32ND FLOOR NEW YORK, NY 10022		

NAME:	JAMES WILLIAM SCHACHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	233 NORTH MICHIGAN AVE.		
CITY/ST/ZIP/CO:	SUITE 1840 CHICAGO, IL 60601		

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	GAVIN STUART WATSON,	8/1/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRES/EVP PRINTED NAME AND CORPORATE TITLE	DATE

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.