

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812188

FILED
Apr 26, 2008
Secretary of State

Entity Name: HISCOX INSURANCE COMPANY INC.

Current Principal Place of Business:

200 S. FOURTH STREET
GENEVA, IL 60134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 520
GENEVA, IL 601340520 US

New Mailing Address:

FEI Number: 98-6000550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KAUFMAN, DIANA L
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: VP () Delete
Name: RYBAK, MICHAEL L
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: D () Delete
Name: HALL, JAMES E
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: PD () Delete
Name: ALEXANDER, DUNCAN
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: DS (X) Delete
Name: BOODELL, JR., THOMAS J
Address: 205 N. MICHIGAN AVE., SUITE 4307
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: MABERRY, JESSE
Address: 1002 ETNYRE TERRACE
City-St-Zip: OREGON, IL 60101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RYBAK, MICHAEL L
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: S (X) Change () Addition
Name: CHALBERG, JUDITH L
Address: 200 S. FOURTH STREET
City-St-Zip: GENEVA, IL 60134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA L. KAUFMAN

T

04/26/2008

Electronic Signature of Signing Officer or Director

Date