

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812188

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: HISCOX INSURANCE COMPANY INC.

## Current Principal Place of Business:

416 S. SECOND STREET  
GENEVA, IL 60134 US

## New Principal Place of Business:

233 NORTH MICHIGAN AVE.  
SUITE 1840  
CHICAGO, IL 60601 US

## Current Mailing Address:

PO BOX 520  
GENEVA, IL 601340520 US

## New Mailing Address:

233 NORTH MICHIGAN AVE.  
SUITE 1840  
CHICAGO, IL 60601 US

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

## OFFICERS AND DIRECTORS:

Title: PD  
Name: DONNELLY, EDWARD D  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

Title: VSTD  
Name: RYBAK, MICHAEL L  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

Title: D  
Name: LEISZ, CHRISTOPHER J  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

Title: D  
Name: CHILDS, ROBERT S  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

Title: D  
Name: SCHACHT, JAMES W  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

Title: VD  
Name: WATSON, GAVIN S  
Address: 233 NORTH MICHIGAN AVE., SUITE 1840  
City-St-Zip: CHICAGO, IL 60601 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L RYBAK

V

04/28/2011

Electronic Signature of Signing Officer or Director

Date