

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003912

Entity Name: HISCOX INC.

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

357 MAIN STREET
ARMONK, NY 10504

New Principal Place of Business:

Current Mailing Address:

357 MAIN STREET
ARMONK, NY 10504

New Mailing Address:

FEI Number: 20-3195018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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: P () Delete
Name: DONNELLY, EDWARD D
Address: 113 COX AVENUE
City-St-Zip: ARMONK, NY 10504

Title: CFO () Delete
Name: WATSON, GAVIN S
Address: 1 CITY PLACE, APT. 3202
City-St-Zip: WHITE PAINES, NY 10601

Title: CHRM () Delete
Name: CHILDS, ROBERT S
Address: HILL HOUSE, SPRING HILL LANE ST MARY BOURN
City-St-Zip: HAMPSHIRE UK SP11 LBG,

Title: D () Delete
Name: MASOJADA, BRONISLAW E
Address: PEDLARS WOOD CHURCH LANE
City-St-Zip: WOLDINGHAM SURREY CR 3 7 JX,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONNELLY, EDWARD D
Address: 113 COX AVENUE
City-St-Zip: ARMONK, NY 10504 US

Title: CFO (X) Change () Addition
Name: WATSON, GAVIN S
Address: 1 CITY PLACE, APT. 3202
City-St-Zip: WHITE PAINES, NY 10601 US

Title: CHRM (X) Change () Addition
Name: CHILDS, ROBERT S
Address: WASHINGTON SQ. N. TOP FLOOR 23
City-St-Zip: NEW YORK, NY 10011-916 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAVIN WATSON

CFO

01/17/2007

Electronic Signature of Signing Officer or Director

Date