

ESSEX INSURANCE CO  
Form 3  
August 12, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement		3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â MARKEL CORP			08/02/2011		INVESTORS TITLE CO [ITIC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
4521 HIGHWOODS PARKWAY			(Check all applicable)			
(Street)			___ Director		___X___ 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
GLEN ALLEN,Â VAÂ 23060			___ Officer		___ Other	___ Form filed by One Reporting Person
(City)	(State)	(Zip)	(give title below)		(specify below)	___X___ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	152,600	I	by Essex Insurance Company <sup>(1)</sup> <sub>(4)</sub>
Common Stock	42,200	I	by Evanston Insurance Company <sup>(2)</sup> <sub>(4)</sub>
Common Stock	18,500	I	by Markel American Insurance Company <sup>(3)</sup> <sub>(4)</sub>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MARKEL CORP 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	^	^ X	^	^
ESSEX INSURANCE CO 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	^	^ X	^	^
EVANSTON INSURANCE CO 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	^	^ X	^	^
Markel American Insurance Co 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	^	^ X	^	^

## Signatures

/s/ Linda S. Rotz, Authorized Officer on behalf of Markel Corporation, Essex Insurance Company, Evanston Insurance Company and Markel American Insurance Company

08/12/2011

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) These shares are owned directly by Essex Insurance Company, an insurance company subsidiary of Markel Corporation ("Markel").
- (2) These shares are owned directly by Evanston Insurance Company, an insurance company subsidiary of Markel.
- (3) These shares are owned directly by Markel American Insurance Company, an insurance company subsidiary of Markel.
- (4) Each reporting person disclaims beneficial ownership of the shares except to the extent of its pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.