

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816159

1. Entity Name  
XL Capital Assurance Inc.

FILED

01 OCT 26 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
XL Capital Assurance Inc. XL Capital Assurance Inc.

2. Principal Place of Business 3. Mailing Address  
250 Park Avenue 250 Park Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

19th Floor 19th Floor  
City & State City & State  
New York, New York New York, New York

Zip Country Zip Country  
10177 US 10177 US

4. FEI Number Applied For  
13-3635895 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Insurance Commissioner  
The Capitol  
Tallahassee, Fla. 32304

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Frederick B. Hnat, General Counsel

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 (646) 658-5900  
Date Daytime Phone #

CR2034 (11/00)

### **XLCA Officers and Directors**

As of September 24, 2001

Address for all Directors and Officers:

XI Capital Assurance, Inc.  
250 Park Avenue, 19<sup>th</sup> Floor  
New York, New York 10177

<u>Name (Last, First, Middle)</u>	<u>Title</u>
Buchan, Alistair	MD
Czark, Steven, Peter	Senior MD
Czerniecki, David, Eugene	Senior MD
Connell, Kenneth, Bruce	D
de la Hoz, Francisco, Javier	MD
Diserio, Ralph, Anthony	MD
de St. Paer, Jerry M.	D
Dunsheath, Mark, Todd	MD
Esposito, Jr., Michael, Patrick	C/CEO
Giordano, Paul, Saverio	D
Gonzalez, Patrick, Brian	MD
Gourd, Henri, Noel	MD
Gove, Thomas, Evan	MD
Harris, Julie, Ann	MD
Heberton, Richard, Paul	MD
Henson, Philip, Paul	MD
Hnat, Frederick, Barton	D/MD/GC /S
Hubbard, Edward, Brand	D/Senior MD/CFO/T
Lau, Catherine, Ruth	MD
Lichten, Robert, Martin	D
Luck, Fiona, Elizabeth	D
Lusardi, Robert, Raymond	D
Mathis, Patrick, Lee	D/Senior MD/CCO
McNichols, James, Patrick	D
Morriss, Jr., Thomas, Wynne	Senior MD
Oliver, Carol, Ann	MD
Pfaltzgraff, Richard, George	MD
Ramos, Alberto, Polo	MD
Rasul, Sohail, Anwar	MD
Rego, Michael, Edward	MD
Senter, Alan, Zachary	D
Snyder, Pamela, Jane	MD
Starkey, Betty, Jean	MD
Stevens, David, Colby	D/P/COO
Stortz, David, Douglas	MD
Wallace, Peggyann	MD