2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # 816159 1. Entity Name XL CAPITAL ASSURANCE INC. 03-05-2002 90062 038 ***150.00 Principal Place of Business Mailing Address 250 PARK AVENUE 250 PARK AVENUE 19TH FLOOR 19TH FLOOR NEW YORK NY 10177 NEW YORK NY 10177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3635895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32304 City Zip Code FL .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. MENACEY III AVIII. MODELL ASSET FOR FLOW SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so... After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Addition NAME **BUCHAN, ALISTAIR** NAME STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10177** CITY-ST-ZIP TITLE SMD Delete ☐ Addition TITLE ☐ Change NAME CZARK, STEVEN P. STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10177** CITY-ST-ZIP TITLE SMD ☐ Delete TITLE Change ☐ Addition NAME CZERNIECKI, DAVID E NAME STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10177** CITY-ST-ZIP TITLE TITLE n ☐ Delete Change noitibbA [] NAME CONNELL, KENNETH B NAME STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10177** CITY-ST-ZIP TITLE CEO ☐ Delete TITLE Change ☐ Addition ESPOSITO, MICHAEL P JR. NAME NAME STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME DUNSHEATH, MARK T NAME STREET ADDRESS 250 PARK AVENUE, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10177** CITY-ST-ZIP

FILED

Frederick B. Hnat, General Counsel (646) 658-5900 2/15/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

SIGNATURE: 2