## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#816159** 

Entity Name: XL CAPITAL ASSURANCE INC

FILED Feb 20, 2004 Secretary of State

,	iidi yaz oya iir	AL ACCORDANCE II VO.				
Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
31ST FLO	NUE OF THE A OR !K, NY 1002010					
Current IVI	lailing Addres	S:	New Mai	iling Address:		
1221 AVEN	NUE OF THE A	MERICAS				
NEW YOR	OK K, NY 1002010	001 US				
FEI Number:	: 13-3635895	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( ) Certificate of St	atus Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name ar	nd Address of New Registered	d Agent:	
P O BOX 6 200 E. GAI	IANCIAL OFFIC 3200 (32314-62 INES ST SSEE, FL 3239	00)				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing	g its registered office or register	red agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered A	gent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MD () BUCHAN, ALIST 1221 AVE OF TH NEW YORK, NY	HE AMERICAS	Title: Name: Address: City-St-Zip	PRES (X) Change ( ) Addit STEVENS, DAVID C 1221 AVE OF THE AMERICAS NEW YORK, NY 10020 US	ion	
Title: Name: Address: City-St-Zip:	SMD () CZARK, STEVEI 1221 AVE OF TH NEW YORK, NY	HE AMERICAS	Title: Name: Address: City-St-Zip	( ) Change ( ) Addit	ion	
Title: Name: Address: City-St-Zip:	SMD () CZERNIECKI, D 1221 AVE OF TH NEW YORK, NY	HE AMERICAS	Title: Name: Address: City-St-Zip	( ) Change ( ) Addit	ion	
Title: Name: Address: City-St-Zip:	SMD () HNAT, FREDER 1221 AVE OF TH NEW YORK, NY	HE AMERICAS	Title: Name: Address: City-St-Zip	GC (X) Change ( ) Addit HNAT, FREDERICK B 1221 AVE OF THE AMERICAS NEW YORK, NY 10020 US	ion	
Title: Name: Address: City-St-Zip:	CEO () ESPOSITO, MIC 1221 AVE OF TH NEW YORK, NY	HE AMERICAS	Title: Name: Address: City-St-Zip	()Change ()Addit	ion	
Title: Name:	MD () DUNSHEATH, M		Title: Name:	OFFI (X) Change ( ) Addit BLACKWOOD, ANGELLA A	ion	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: NEW YORK, NY 10020 US

SIGNATURE: ANGELLA BLACKWOOD OFFI 02/20/2004

City-St-Zip: NEW YORK, NY 10020 US