


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 816159</b> 1. Entity Name XL CAPITAL ASSURANCE INC.	
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Principal Place of Business 1221 AVENUE OF THE AMERICAS 31ST FLOOR NEW YORK, NY 10020-1001 US	Mailing Address 1221 AVENUE OF THE AMERICAS 31ST FLOOR NEW YORK, NY 10020-1001 US
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01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3635895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000591021  
01/19/07-80006-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HUBBARD, EDWARD B 1221 AVE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KEYS, ELIZABETH A 1221 AVE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC COMPARATO, SUSAN B 1221 AVE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM GIORDANO, PAUL S 1221 AVE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFI BLACKWOOD, ANGELLA A 1221 AVE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Edward Hubbard* **1/12/2007** **212-478-3457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #