FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90233 035 ***150.00

DOCUMENT # P07635

1. Corporation Name
X.L. INSURANCE COMPANY OF AMERICA, INC.

Principal Place of Business	Mailing Address
80 PINE STREET. 19TH FLOOR NEW YORK NY 10005 US	80 PINE STREET. 19TH FLOOR NEW YORK NY 10005 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 13-3787296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	P & CEO	☐ Change ☑ Addition
NAME	FRANK E BERGLAS		1.2 NAME	P. Richard Hackenburg	
STREET ADDRESS	WALL STREET PLAZA, 20TH FL., 88 PINE ST		1.3 STREET ADDRESS	6 Cold Spring Street	
CITY-ST-ZIP	NEW YORK NY 10005-1894		1.4 CITY-ST-ZIP	Mt. Kisco, NY	
TITLE	D	☑ DELETE	2.1 TITLE	SVP	☐ Change ☑ Addition
NAME	JAMES G BICKFORD		2.2 NAME	Robert J. Tausz	
STREET ADDRESS	55 HARBOUR SQ., STE 1013		2.3 STREET ADDRESS	26 Buckley Hill Road	
CITY-ST-ZIP	TORONTO, CANADA		2.4 CITY-ST-ZIP	Morristown, NJ	
TITLE	D	☑ DELETE	3.1 TITLE	EVP	☐ Change ☑ Addition
NAME	CHARLES D EDINGER		3.2 NAME	Elizabeth Eiss	
STREET ADDRESS	COLLEGE OF INS., 101 MURRY SREET		3.3 STREET ADDRESS	1450 Washington Blvd.	
CITY-ST-ZIP	NEW YORK NY 10007		3.4 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	D	☑ DELETE	4.1 TITLE	SVP	☐ Change ☑ Addition
NAME	IAN P EMBLIN		4.2 NAME	Paul S. Giordano	
STREET ADDRESS	197 MARKLAND DR		4.3 STREET ADDRESS	80 Pine Street- 19th Floor	
CITY-ST-ZIP	ETOBICOKE, CANADA		4.4 CITY-ST-ZIP	New York, NY 10005-1702	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	DR. MICHAEL GRUSON		5.2 NAME	Ian R. Heap	
STREET ADDRESS	SHEARMAN & STERLING, 599 LEXINGTON AVE		5.3 STREET ADDRESS	9 Black Hawk Trail	
CITY-ST-ZIP	NEW YORK 10022		5.4 CITY-ST-ZIP	Savannah, GA	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	DR. ALAICE HAEMMERLI		6.2 NAME	Robert Clements	
STREET ADDRESS	COLUMBIA LAW SCHOOL, 435 W 116TH ST		6.3 STREET ADDRESS	20 Horseneck Lane	
CITY-ST-ZIP	NEW YORK NY 10027		6.4 CITY-ST-ZIP	Greenwich, CT 06830	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-19-99 (800) 507-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #