2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90175 026 ***150.00

DOCUMENT # P07635

1. Entity Name

X.L. INSURANCE COMPANY OF NEW YORK, 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 10005-1702 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
140 BROADWAY	140 BROADWAY
Suite, Apt. #, etc.: SUITE 5101	Suite, Apt. #, etc.: Suite 5101
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10005-1101 Country: USA	Zip: 10005-1101 Country: USA

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

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

6. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PCEO	☑ Delete	TITLE	PRESIDENT + CEO	☑ Change ☐ Addition
NAME	HACKENBURG, P. RICHARD		NAME	STANLEY A. GALANSKI	
STREET ADDRESS	6 COLD SPRING STREET		STREET ADDRESS	C/O XL AMERICA INSURANCE 100 FIRST STAMFORD PLACE #606	
CITY-ST-ZIP	MT KISCO NY		CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	SVP	☑ Delete	TITLE	VP + CFO	☑ Change ☐ Addition
NAME	TAUSZ, ROBERT J		NAME	DONALD E. WITGEN	
STREET ADDRESS	26 BUCKLEY HILL ROAD		STREET ADDRESS	C/O XL AMERICA INSURANCE 100 FIRST STAMFORD PLACE #606	
CITY-ST-ZIP	MORRISTOWN NJ		CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	EVP	☑ Delete	TITLE	VP + SECRETARY	☑ Change ☐ Addition
NAME	EISS, ELIZABETH		NAME	MARTIN V. MARTINELLI, ESQ	
STREET ADDRESS	1450 WASHINGTON BLVD.		STREET ADDRESS	63 GALLISON DRIVE	
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP	MURRAY HILL, NJ 07974-2721	
TITLE	SVP	☑ Delete	TITLE	SVP	☑ Change ☐ Addition
NAME	GIORDANO, PAUL S		NAME	JAMES K. MILLER	
STREET ADDRESS	80 PINE STREET, 19TH FLR		STREET ADDRESS	100 SILVER SPRINGS ROAD	
CITY-ST-ZIP	NEW YORK NY 10005-1702		CITY-ST-ZIP	WILTON, CT 06897	
TITLE	D	☑ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	HEAP, IAN R		NAME	MARY ANNE NOONAN CRUTCHLEY	
STREET ADDRESS	9 BLACK HAWK TRAIL		STREET ADDRESS	112 HAVILAND ROAD	
CITY-ST-ZIP	SAVANNAH GA		CITY-ST-ZIP	STAMFORD, CT 06903-3311	
TITLE	D	☑ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	CLEMENTS, ROBERT		NAME	STEVEN TOMCHENKO	
STREET ADDRESS	20 HORSENECK LANE		STREET ADDRESS	C/O XL AMERICA INSURANCE 100 FIRST STAMFORD PLACE #606	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	STAMFORD CT 06902	

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: Mary Ann Nolan Crutchley FILED 4-28-00 800-507-6222 x 3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #