

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90042 003 ***150.00

0603413

DOCUMENT # P07635

1. Entity Name

X.L. INSURANCE COMPANY OF NEW YORK, INC.

Principal Place of Business

**140 BROADWAY
 SUITE 5101
 NEW YORK NY 10005-1101
 US**

Mailing Address

**N140 BROADWAY
 SUITE 5101
 NEW YORK NY 10005-1101
 US**

041398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

70 SEAVIEW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STAMFORD CT

4. FEI Number

13-3787296

Applied For

Not Applicable

Zip

Country

Zip

Country

06902

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
 NAME **GALANSKI, STANLEY A**
 STREET ADDRESS **100 FIRST STAMFORD PL #606**
 CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **PCEO** ☐ Change ☒ Addition
 NAME **NICHOLAS BROWN, NICHOLAS**
 STREET ADDRESS **C/O XL AMERICA, INC.**
 CITY-ST-ZIP **70 SEAVIEW AVE
 STAMFORD CT 06902**

TITLE **VPCF** ☒ Delete
 NAME **WITTGEN, DONALD E**
 STREET ADDRESS **100 FIRST STAMFORD PL #606**
 CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **VPCF** ☐ Change ☒ Addition
 NAME **MILLER, RICHARD**
 STREET ADDRESS **C/O XL AMERICA, INC**
 CITY-ST-ZIP **70 SEAVIEW AVE
 STAMFORD CT 06902**

TITLE **VPS** ☒ Delete
 NAME **MARTINELLI, MARTIN V ESQ**
 STREET ADDRESS **63 GALLISON DRIVE**
 CITY-ST-ZIP **MURRAY HILL NJ 07974-2721**

TITLE **VPS** ☐ Change ☒ Addition
 NAME **MORGAN, THERESA**
 STREET ADDRESS **C/O XL AMERICA, INC**
 CITY-ST-ZIP **70 SEAVIEW AVE
 STAMFORD, CT 06902**

TITLE **SVP** ☐ Delete
 NAME **MILLER, JAMES K**
 STREET ADDRESS **100 SILVER SPRINGS ROAD**
 CITY-ST-ZIP **WILTON CT 06897**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **NOONAN CRUTCHEY, MARY A**
 STREET ADDRESS **112 HAVILAND ROAD**
 CITY-ST-ZIP **STAMFORD CT 06903-3311**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **FOMCHENKO, STEVEN**
 STREET ADDRESS **C/O XL AMER INS 100 F STAMPFORD PL #606**
 CITY-ST-ZIP **STAMFORD CT 06902**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)