2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
03-25-2004 90013 031 ***150.00

DOCUMENT # P07635

1. Entity Name
XL INSURANCE COMPANY OF NEW YORK, INC.

Principal Place of Business	Mailing Address
111 BROADWAY SUITE 1802 NEW YORK, NY 10006 US	70 SEAVIEW AVE. STAMFORD, CT 06902-6040 US

66420977

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	BROWN, NICHOLAS
STREET ADDRESS	% XL AMERICA INC., 70 SEAVIEW AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VPT
NAME	CARINO, GABRIEL G
STREET ADDRESS	70 SEAVIEW AVE
CITY-ST-ZIP	STAMFORD, CT 069026040
TITLE	VPS
NAME	MORGAN, THERESA
STREET ADDRESS	70 SEAVIEW AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VP
NAME	NOONAN CRUTCHEY, MARY A
STREET ADDRESS	112 HAVILAND ROAD
CITY-ST-ZIP	STAMFORD, CT 069033311
TITLE	VP
NAME	FOMCHENKO, STEVEN
STREET ADDRESS	C/O XL AMER INS 100 F STAMPFORD PL #606
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	DAS
NAME	Llaneta, Jr., Ben M.
STREET ADDRESS	20 N. Martingale Rd., Suite 200
CITY-ST-ZIP	Schaumburg, IL 60173

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-5-04 847-517-2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ben M. Llaneta, Jr., Director Assistant Secretary