


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 022 \*\*\*150.00

<b>DOCUMENT # P07635</b>	
1. Entity Name XL INSURANCE COMPANY OF NEW YORK, INC.	

Principal Place of Business 111 BROADWAY SUITE 1802 NEW YORK, NY 10006 US	Mailing Address 70 SEAVIEW AVE. STAMFORD, CT 06902-6040 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40019230



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3787296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGOSTA, STEVEN P 70 SEAVIEW AVE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARINO, GABRIEL G 70 SEAVIEW AVE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENNETT, LEE L 70 SEAVIEW AVE STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BANAS, RICHARD S 20 N MARTINGALE RD, SUITE 200 SCHAUMBURG, IL 60173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUCLOS, DAVID B 520 EAGLEVIEW BLVD EXTON, PA 19341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUNCAN, JANET E 70 SEAVIEW AVE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth P. Meagher*

SIGNATURE WAS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40019255

# P07635

**XL INSURANCE COMPANY OF NEW YORK, INC.**

**2007 For Profit Corporation**

**Annual Report (Document #: P07635)**

**Attachment to Block 11.**

TITLE: D/V  
NAME: John DiBiasi  
STREET ADDRESS: 520 Eagleview Boulevard  
CITY - ST - ZIP: Exton, PA 19341

TITLE: D/V  
NAME: Alan L. Hunte  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: D/V  
NAME: John B. Gallagher  
STREET ADDRESS: One World Financial Center  
STREET ADDRESS: 200 Liberty Street, 27<sup>th</sup> Floor  
CITY - ST - ZIP: New York, NY 10281

TITLE: D/V  
NAME: John R. Glancy  
STREET ADDRESS: 100 Constitution Plaza, 9<sup>th</sup> Floor  
CITY - ST - ZIP: Hartford, CT 06103

TITLE: D/V  
NAME: Karen P. Gordon  
STREET ADDRESS: 1201 North Market Street, Suite 501  
CITY - ST - ZIP: Wilmington, DE 19801

# ATTACHMENT

TITLE: D/P  
NAME: Dennis P. Kane  
STREET ADDRESS: One World Financial Center  
STREET ADDRESS: 200 Liberty Street, 27<sup>th</sup> Floor  
CITY - ST - ZIP: New York, NY 10281

40019255

# PO 7635

TITLE: D/V/S  
NAME: Kenneth P. Meagher  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: D/V  
NAME: Richard H. Miller  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: D/V  
NAME: James M. Norris  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: D/V  
NAME: John H. Sullivan  
STREET ADDRESS: 100 Constitution Plaza, 9<sup>th</sup> Floor  
CITY - ST - ZIP: Hartford, CT 06103

TITLE: D/V  
NAME: Paul I. Tuhy  
STREET ADDRESS: One World Financial Center  
STREET ADDRESS: 200 Liberty Street, 27<sup>th</sup> Floor  
CITY - ST - ZIP: New York, NY 10281

TITLE: D  
NAME: Michael A. Zauderer  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040