2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State 02-19-2008 90023 044 ***158.75

XL INSURANCE COMPANY OF NEW YORK, INC. Principal Place of Business	DOCUMENT # P07635 1. Entity Name					02-19-2008 90023 044 *** 138,73					
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SUITE 1802 The BOWIND FILE NOWING FILE IS \$150.00 After May 1, 2008 Fee will be \$550.00 AGOSTA. STEVEN P BIEL AGOSTA. STEVEN P BIEL AGOSTA	Principal Plac	e of Business	Mailing Address	Mailing Address							
NEW YORK, NY 10006 US 2. Principal Pace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	-	VAY									
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Crey & State A. FEI Number Applied For Ind. Applied For Ind		NY 10006 US	STAMFURD, CT U690.	2- 6 040 U	13		I BUTTI IERIO ENEO TROLES				
City & State A FEIL Number 13-3787296 S. Certificate of Status Desired \$58.75 Additional Fee Po Box & Course of Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER P O Box & 2000 (32314-6200) Series Address (P O. Box Number is Not Acceptable) Series Address (P O. Box Number is Not Acceptable) Series Address (P O. Box Number is Not Acceptable) Series Address (P O. Box Number is Not Acceptable) Series Address of Current Registered Agent City FL 20 Code 8. Tho above named antity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept in the State of Florida. I am familiar with, and accept in the State of Florida. I am familiar with, and accept in the State of Florida. I am familiar with, and accept in the State of Florida. I am familiar with and accept in the State of Florida. I am familiar with and accept in the State of Florida. I am familiar with and accept in the State of Florida. I am familiar wit	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of registered agent, or both, in the State of Portida. I am familiar with, and accept the problegations of Portida. I am familiar with, and accept the problegations of Portida. I am familiar with, and accept the problegations of Portida. I am familiar with, and accept the problegations of Portida. I am familiar with, and accept the problegations of Portida. I am f	City & State					1		~ ·		·	
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12. I hereby certify that the information supplied with this filling does noyquality for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 apofficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.					1 17	2 Sta	KIEW,	Ave	Jue	i ali	
changed, or on an attachment with an address, with all other like empowered.		Lertify that the information supplied wi	ith this filing does not/qualify f			d in Chapter 11	9, Florida Statutes	Turther ce	rtify that the in	nformation	
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ATTACHMENT 40027831

XL INSURANCE COMPANY OF NEW YORK, INC.

2008 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:

DVV

NAME:

John B. Gallagher

STREET ADDRESS: STREET ADDRESS: One World Financial Center 200 Liberty Street, 27th Floor

CITY - ST - ZIP:

New York, NY 10281

TITLE:

D/V

NAME:

Karen P. Gordon

STREET ADDRESS:

1201 North Market Street, Suite 501

CITY - ST - ZIP:

Wilmington, DE 19801

TITLE:

D/V/CFO

NAME:

Joseph C. Henry

STREET ADDRESS:

100 Constitution Plaza

CITY - ST - ZIP:

Hartford, CT 06103

TITLE:

D/P

NAME:

Dennis P. Kane

STREET ADDRESS:

One World Financial Center 200 Liberty Street, 27th Floor

STREET ADDRESS:

CITY - ST - ZIP:

New York, NY 10281

ATTACHMENT 40027831 #P07635

TITLE:

D/V

NAME:

James M. Norris

STREET ADDRESS:

100 Constitution Plaza

CITY - ST - ZIP:

Hartford, CT 06103

TITLE:

D/V

NAME: STREET ADDRESS: Yvonne M. Poster 70 Seaview Avenue

CITY - ST - ZIP:

Stamford, CT 06902-6040

TITLE:

D

NAME:

Jeffrey R. Roth

STREET ADDRESS:

70 Seaview Avenue

CITY - ST - ZIP:

Stamford, CT 06902-6040

TITLE:

D/V

NAME:

John H. Sullivan

STREET ADDRESS:

100 Constitution Plaza, 9th Floor

CITY - ST - ZIP:

Hartford, CT 06103

TITLE:

D/V

NAME:

Joseph Tedesco 70 Seaview Avenue

STREET ADDRESS: CITY - ST - ZIP:

Stamford, CT 06902-6040

TITLE:

D/V

NAME:

Paul I, Tuhy

STREET ADDRESS: STREET ADDRESS:

One World Financial Center 200 Liberty Street, 27th Floor

CITY - ST - ZIP:

New York, NY 10281

TITLE:

D/V

NAME:

Todd D. Zimmerman

STREET ADDRESS:

520 Eagleview Boulevard

CITY - ST -ZIP:

Exton, PA 19341