

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07635

FILED
Jan 04, 2011
Secretary of State

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

Current Principal Place of Business:

ONE WORLD FINANCIAL CENTER
200 LIBERTY STREET
NEW YORK, NY 10281 US

New Principal Place of Business:

Current Mailing Address:

70 SEAVIEW AVE.
STAMFORD, CT 069026040 US

New Mailing Address:

FEI Number: 13-3787296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: AGOSTA, STEVEN P
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

Title: VT
Name: CARINO, GABRIEL G
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 069026040

Title: V
Name: DUCLOS, DAVID B
Address: 505 EAGLEVIEW BLVD, SUITE 100
City-St-Zip: EXTON, PA 19341

Title: DP
Name: MAAG, SERAINA
Address: 200 LIBERTY STREET
City-St-Zip: NEW YORK, NY 10281

Title: VS
Name: PERKINS, TONI ANN
Address: 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: VP
Name: KAPLAN, GARY S
Address: 200 LIBERTY STREET
City-St-Zip: NEW YORK, NY 10281

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN CLAUSI

AS

01/04/2011

Electronic Signature of Signing Officer or Director

Date