2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90210 048 ***150.00

0617072 AT

DOCUMENT # P07635

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

Principal Place of Business	Mailing Address
111 BROADWAY	111 BROADWAY
SUITE 1802	SUITE 1802
NEW YORK NY 10006	NEW YORK NY 10006
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	70 Seaview Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Seaview Hse.
City & State	City & State Stamford, CT
Zip / Country	Zip 06902-6040 / Country USA

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	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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PCEO BROWN, NICHOLAS % XL AMERICA INC., 70 SEAVIEW AVE STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CARINO, GABRIEL G 70 SEAVIEW AVE STAMFORD CT 06902-6040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MORGAN, THERESA 70 SEAVIEW AVE STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MILLER, JAMES K 100 SILVER SPRINGS ROAD WILTON CT 06897	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOONAN CRUTCHEY, MARY A 112 HAVILAND ROAD STAMFORD CT 06903-3311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOMCHENKO, STEVEN C/O XL AMER INS 100 F STAMPFORD PL #606 STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED Theresa M. Morgan 4/29/03 203-964-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #