2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90013 028 ***150.00

DOCUMENT # P15595

1. Entity Name
XL SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1201 NORTH MARKET ST SUITE 501 WILMINGTON, DE 19801 US	1201 NORTH MARKET ST SUITE 501 WILMINGTON, DE 19801 US

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0277191
☐ 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

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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 _____ 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	CPD
NAME	BROWN, NICHOLAS
STREET ADDRESS	70 SEAVIEW HOUSE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	SD
NAME	MORGAN, THERESA
STREET ADDRESS	70 SEAVIEW HOUSE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	DTV
NAME	CARINO, GABRIEL
STREET ADDRESS	70 SEAVIEW HOUSE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	DV
NAME	LLANETA, BEN M JR
STREET ADDRESS	20 N MARTINGALE ROAD, SUITE 200
CITY-ST-ZIP	SCHAUMBURG, IL 60173
TITLE	DV
NAME	FOLTZ, PENNY
STREET ADDRESS	70 SEAVIEW HOUSE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	DV
NAME	THORSON, LEE
STREET ADDRESS	20 N MARTINGDALE ROAD, 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: Bridget Rebelle ASSISTANT SECRETARY 3/24/04 800/394-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #