


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 042 ***158.75

DOCUMENT # P15595 1. Entity Name XL SPECIALTY INSURANCE COMPANY					
Principal Place of Business 1201 NORTH MARKET ST SUITE 501 WILMINGTON, DE 19801 US			Mailing Address 1201 NORTH MARKET ST SUITE 501 WILMINGTON, DE 19801 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 85-0277191	
Country		Country		5. Certificate of Status Desired <input checked="" 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	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV DUNCAN, JANET 70 SEAVIEW AVENUE 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 GALLAGHER, JOHN B 200 LIBERTY STREET 27TH FLOOR NEW YORK, NY 10281	<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	V CORBETT, RICHARD T 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 CARINO, GABRIEL G 70 SEAVIEW AVENUE STAMFORD, CT 06902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Carino, Gabriel G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 70 Seaview Avenue Stamford, CT 06902	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/B Biasi, John M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 Eagleview Blvd. Exton, PA 19341	
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: <i>Kenneth P. Meagher</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kenneth P. Meagher		
Date 2/4/08			Daytime Phone # (203) 964-5235		

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ATTACHMENT
40027833
#P15595

XL SPECIALTY INSURANCE COMPANY

2008 For Profit Corporation

Annual Report (Document #: P15595)

Attachment to Block 11.

TITLE: D/P/CEO
NAME: John R. Glancy
STREET ADDRESS: 100 Constitution Plaza, 9th 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

TITLE: D/V
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
STREET ADDRESS: 200 Liberty Street, 27th Floor
CITY - ST - ZIP: New York, NY 10281

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

ATTACHMENT

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TITLE: D/V
NAME: James M. Norris
STREET ADDRESS: 100 Constitution Plaza
CITY - ST - ZIP: Hartford, CT 06103

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

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

TITLE: D/V
NAME: Todd D. Zimmerman
STREET ADDRESS: 520 Eagleview Blvd.
CITY - ST - ZIP: Exton, PA 19341