2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15595

Entity Name: XL SPECIALTY INSURANCE COMPANY

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 501	TH MARKET ST ON, DE 19801	- US			
Current Mailing Address:			New Mailing Address:		
1201 NORTH MARKET ST		70 SEAVIEW AVENUE			
SUITE 501	ON, DE 19801	US	STAMFORD, CT 06902 US		
FEI Number: 8	85-0277191	FEI Number Applied For () FEI Nur	mber Not Appli	icable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US					
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	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GALLAGHER, JO	REET 27TH FLOOR	Title: Name: Address: City-St-Zip:	D,VP (X) Change () Addition GALLAGHER, JOHN B 200 LIBERTY STREET 27TH FLOOR NEW YORK, NY 10281	
Title: Name: Address: City-St-Zip:	V () C CORBETT, RICH, 520 EAGLEVIEW EXTON, PA 1934	BLVD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CORBETT, RICHARD T 520 EAGLEVIEW BLVD EXTON, PA 19341	
Title: Name: Address: City-St-Zip:	VT () E CARINO, GABRIE 70 SEAVIEW AVE STAMFORD, CT	ENUE	Title: Name: Address: City-St-Zip:	VP,T (X) Change () Addition CARINO, GABRIEL G 70 SEAVIEW AVENUE STAMFORD, CT 06902	
Title: Name: Address: City-St-Zip:	DV () E DUCLOS, DAVID 520 EAGLEVIEW EXTON, PA 1934	B BLVD	Title: Name: Address: City-St-Zip:	D,VP (X) Change () Addition DUCLOS, DAVID B 520 EAGLEVIEW BLVD EXTON, PA 19341	
Title: Name: Address: City-St-Zip:	DV () EDIBIASIS, JOHN I 520 EAGLEVIEW EXTON, PA 1934	BLVD	Title: Name: Address: City-St-Zip:	D,VP (X) Change () Addition DIBIASI, JOHN M 520 EAGLEVIEW BLVD EXTON, PA 19341	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zip:	VP,S () Change (X) Addition PERKINS, TONI ANN 70 SEAVIEW AVENUE STAMFORD, CT 06902	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONI ANN PERKINS S 04/08/2009