2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15595

Jan 04, 2011 Secretary of State

FILED

Entity Name: XL SPECIALTY INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET

WILMINGTON, DE 19801 US

Current Mailing Address: New Mailing Address:

70 SEAVIEW AVENUE STAMFORD, CT 06902 US

FEI Number: 85-0277191 FEI Number Applied For () FEI Number Not Applicable () 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

OFFICERS AND DIRECTORS:

Title: D.VP

Name: MAAG, SERAINA

Address: 200 LIBERTY STREET 27TH FLOOR

City-St-Zip: NEW YORK, NY 10281

Title: VP

Name: CORBETT, RICHARD T

Address: 505 EAGLEVIEW BLVD, SUITE 100

City-St-Zip: EXTON, PA 19341

Title: VP,T

Name: CARINO, GABRIEL G Address: 70 SEAVIEW AVENUE City-St-Zip: STAMFORD, CT 06902

Title: D,P

Name: HOROVITZ, BERNARD R Address: 100 CONSTITUTION PLAZA City-St-Zip: HARTFORD, CT 06103

Title: D,VP

Name: DIBIASI, JOHN M
Address: 520 EAGLEVIEW BLVD
City-St-Zip: EXTON, PA 19341

Title: VP,S

 Name:
 PERKINS, TONI ANN

 Address:
 70 SEAVIEW AVENUE

 City-St-Zip:
 STAMFORD, CT 06902

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