

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15595

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** XL SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON, DE 19801 US

**New Principal Place of Business:**

**Current Mailing Address:**

70 SEAVIEW AVENUE  
STAMFORD, CT 06902 US

**New Mailing Address:**

**FEI Number:** 85-0277191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date