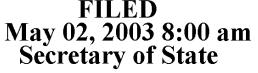
1. Entity Name

SIGNATURE: \_<

XL SPECIALTY INSURANCE COMPANY



05-02-2003 90210 049 \*\*\*150.00

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20 NORTH M/ SUITE 200 SCHAUMBURG US 2. Principal F / 201 / Suite, Apt. Suite Sta Wilm	#, etc. 501 le ngton, DE	Suite, Apt. #, etc.  Seqview Hse.  City & State  Stanford, CT			CHECK HERE IF MAKING CHANGES  4. FEI Number 85-0277191  Applied For Not Applicable		
Zip 198	OI USA	06902-6040	Country	5	i. Certificate of Status Desired	See Required	
	6. Name and Address of Current R	legistered Agent		7.	. Name and Address of New Re	gistered Agent	
FLORIDA INSURANCE COMMISSIONER			Name				
	TOL BUILDING		Street	Street Address (P.O. Box Number is Not Acceptable)			
-	SSEE FL 32301	•					
1			City			Zip Code	
	<del></del>	<del></del>					
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office (	or registered a	agent, or both, in the State of Flori	da. I am familiar with, and accept	
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signs	ature required when	n reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Fina     Trust Fund Contribution.	- <del> </del>	
10.	OFFICERS AND D	<del></del>	11.	$\overline{}$	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, NICHOLAS 70 SEAVIEW HOUSE STAMFORD CT 06902	· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD	•	Change [unun ]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, THERESA 70 SEAVIEW HOUSE STAMFORD CT 06902	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE	OTV	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	CARINO, GABRIEL		NAME	1		ļ	
STREET ADDRESS CITY-ST-ZIP	70 SEAVIEW HOUSE STAMFORD CT 06902		STREET ADDRESS CITY-ST-ZIP	1		(	
TITLE	DV	☐ Delete	TITLE	<del> </del>		☐ enange ☐ Addition	
NAME	LLANETA, BEN M JR		NAME		. ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP	1450 E AMERICAN LANE, 19TH FL  SCHAUMBURG IL 60173	К	STREET ADDRESS CITY-ST-ZIP	XO N	. Vilartingele	Road, Suite 200	
TITLE	DV	☐ Delete	TITLE	34/1	aumburg, IL	Change Addition	
NAME	FOLTZ, PENNY	54,0,0	NAME				
STREET ADDRESS CITY-ST-ZIP	70 SEAVIEW HOUSE ISTAMFORD CT 06902		STREET ADDRESS CITY-ST-ZIP	}			
TITLE	DV	☐ Delete	TITLE	<del> </del>		Change Addition	
NAME	THORSON, LEE		NAME		100 - 413 - 4		
STREET ADDRESS	1450 E. AMERICAN LANE, 20TH FL	.R.	STREET ADDRESS	30 W	. rivartingale	Kood, Suite 200	
CITY-ST-ZIP	SCHAUMBURG IL 60173		CITY-ST-ZIP				
indicated of the cor	certify that the information supplied with the onthis report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the context of the conte	rue and accurate and that my vered to execute this report as	signature shall I	have the same	e legal effect as if made under oa	th: that I am an officer or director	