2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90210 049 ***150.00

0651043 AT

DOCUMENT # P15595

1. Entity Name
XL SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
20 NORTH MARTINGALE ROAD SUITE 200 SCHAUMBURG IL 60173-2231 US	20 NORTH MARTINGALE ROAD SUITE 200 SCHAUMBURG IL 60173-2231 US

2. Principal Place of Business	3. Mailing Address
1201 North Market St.	70 Seaview Ave.
Suite, Apt. #, etc.: Suite 501	Suite, Apt. #, etc.: Seaview Hse.
City & State: Wilmington, DE	City & State: Stamford, CT
Zip: 19801 Country: USA	Zip: 06902-6040 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 85-0277191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BROWN, NICHOLAS 70 SEAVIEW HOUSE STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD	☑ Change ☐ Addition
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV CARINO, GABRIEL 70 SEAVIEW HOUSE STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LLANETA, BEN M JR 1450 E AMERICAN LANE, 19TH FLR SCHAUMBURG IL 60173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition 20 N. Martingale Road, Suite 200 Schaumburg, IL 60173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FOLTZ, PENNY 70 SEAVIEW HOUSE STAMFORD CT 06902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV THORSON, LEE 1450 E. AMERICAN LANE, 20TH FLR. SCHAUMBURG IL 60173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition 20 N. Martingale Road, Suite 200 Schaumburg, IL 60173

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Theresa M. Morgan SIGNATURE REQUIRED 4/29/03 203-964-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #