2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2021
Secretary of State
4076845024CC

DOCUMENT# P15595

Entity Name: XL SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

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

Current Mailing Address:

70 SEAVIEW AVENUE
STAMFORD, CT 06902 US

FEI Number: 85-0277191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title	VP, T
Name	CARINO, GABRIEL G
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	SVP, GENERAL COUNSEL
Name	MIMS, SARAH B
Address	505 EAGLEVIEW BOULEVARD
City-State-Zip:	EXTON PA 19341

Title	VP, CONTROLLER
Name	WILL, ANDREW R
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	DIRECTOR, SVP
Name	BROOKS, DAVID D
Address	100 CONSTITUTION PLAZA
City-State-Zip:	HARTFORD CT 06103

Title	VP,S
Name	PERKINS, TONI ANN
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	DIRECTOR, SVP, CFO
Name	NORRIS, JAMES M
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	ASST. SECRETARY
Name	CLAUSI, KAREN M
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	DIRECTOR, PRESIDENT, CEO
Name	TOCCO, JOSEPH A
Address	200 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

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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 ASST. SECRETARY 04/23/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, EVP
Name	NADEAU, DONNA M
Address	200 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

Title	VP
Name	DITARANTO, MARK
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902

Title	DIRECTOR, SVP
Name	DIVIRGILIO, JAMES
Address	100 CONSTITUTION PLAZA
City-State-Zip:	HARTFORD CT 06103

Title	VP
Name	LOCKWOOD, FRANCIS J
Address	70 SEAVIEW AVENUE
City-State-Zip:	STAMFORD CT 06902