2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2025
Secretary of State
8638874762CC

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:

677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000
STAMFORD, CT 06901 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, S
Name	PERKINS, TONI ANN
Address	677 WASHINGTON BLVD 10TH FLOOR, SUITE 1000
City-State-Zip:	STAMFORD CT 06901

Title	VP, CONTROLLER
Name	WILL, ANDREW R
Address	677 WASHINGTON BLVD 10TH FLOOR, SUITE 1000
City-State-Zip:	STAMFORD CT 06901

Title	DIRECTOR, PRESIDENT, CEO
Name	PILKO, LUCY
Address	225 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

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

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

Title	ASST. SECRETARY
Name	CLAUSI, KAREN M
Address	677 WASHINGTON BLVD 10TH FLOOR, SUITE 1000
City-State-Zip:	STAMFORD CT 06901

Title	DIRECTOR, EVP
Name	NADEAU, DONNA M
Address	225 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

Title	VP
Name	DITARANTO, MARK
Address	1 STAR POINT 4TH FLOOR, NORTH TOWER
City-State-Zip:	STAMFORD CT 06902

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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 M CLAUSI ASSISTANT SECRETARY 04/14/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DE PERETTI, JACQUES
Address	25 AVENUE MATIGNON
City-State-Zip:	PARIS 75008

Title	EVP
Name	O'MALLEY, MATTHEW
Address	505 EAGLEVIEW BOULEVARD SUITE 100
City-State-Zip:	EXTON PA 19341

Title	ASSISTANT SECRETARY, GENERAL COUNSEL
Name	CARVAJAL, LIESEL
Address	225 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

Title	TREASURER, VP
Name	PAGANO, RICHARD
Address	225 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

Title	DIRECTOR
Name	IORIO, LIVIO
Address	677 WASHINGTON BLVD 10TH FLOOR, SUITE 1000
City-State-Zip:	STAMFORD CT 06901

Title	DIRECTOR
Name	HARLIN, GERALD
Address	33 RUE HENRI DE REGNIER
City-State-Zip:	VERSAILLES 78000

Title	DIRECTOR
Name	ROY, JOHN M
Address	330 EAST 79TH STREET APT 10A
City-State-Zip:	NEW YORK NY 10075

Title	SVP, CFO
Name	LACK, KATHRYN "KATY"
Address	225 LIBERTY STREET
City-State-Zip:	NEW YORK NY 10281

Title	DIRECTOR
Name	ELDER, ANNE MARIE
Address	100 CONSTITUTION PLAZA
City-State-Zip:	HARTFORD CT 06103

Title	DIRECTOR
Name	SCHIFFER, GREGORY J
Address	1 STAR POINT 4TH FLOOR, NORTH TOWER
City-State-Zip:	STAMFORD CT 06901