

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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	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	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

ASSISTANT SECREARY

04/19/2022

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
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 DIRECTOR
Name RECINE, ANTHONY
Address 25 AVENUE MATIGNON
City-State-Zip: PARIS 75008

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

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

Title DIRECTOR
Name BUSE, CHRISTOPHER
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

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

Title DIRECTOR
Name PIAZZOLLA, SALVATORE
Address 49 DOUBLING ROAD
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name RIGNAULT, JEAN-PAUL
Address 192 CHEMIN DU MAS D AYRAN
City-State-Zip: ST QUENTIN LA POTERIE 30700