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OMB 0651-0027



01-30-2001

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#### Submission Type

- New
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Document ID #
- Correction of PTO Error  
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#### Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year
- Merger
- Change of Name
- Other

#### Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
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- Individual  General Partnership  Limited Partnership  Corporation  Association
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If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

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02/05/2001 6TON11 00000086 75534959

01 FC:48  
02 FC:482

40.00 OP  
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REEL: 002230 FRAME: 0097

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Enter for the first Receiving Party only.

Name

Address (line 1)

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Address (line 3)

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**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

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**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75534959"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2109273"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2158446"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2158447"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) #

Deposit Account Number:

Authorization to charge additional fees: Yes  No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Kathy Silberthau Strom  
Name of Person Signing

*Kathy Silberthau Strom*  
Signature

1-25-01  
Date Signed

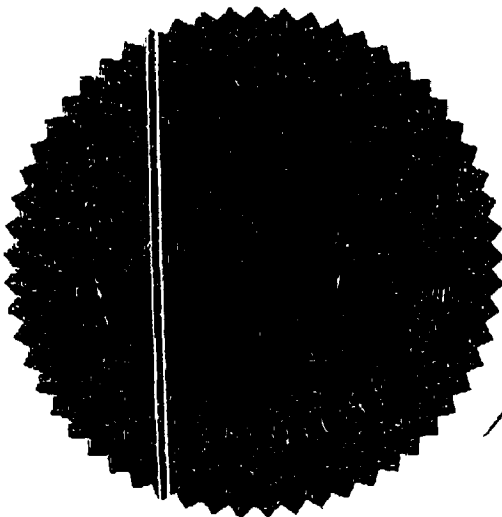


BERMUDA

**CERTIFICATE OF INCORPORATION  
ON CHANGE OF NAME**

I **HEREBY CERTIFY** that in accordance with section 10 of the Companies Act 1981 **XL Mid Ocean Reinsurance Ltd** by resolution and with the approval of the Registrar of Companies has changed its name and was registered as **XL Re Ltd** on the 16th day of January, 2001.

Given under my hand and the Seal of the  
REGISTRAR OF COMPANIES this 16th  
day of January, 2001.



*Paul R. Adams*  
for Registrar of Companies