


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90013 025 \*\*\*150.00

DOCUMENT # 804922							
1. Entity Name XL REINSURANCE AMERICA INC.							
Principal Place of Business 111 BROADWAY SUITE 1802 NEW YORK, NY 10006			Mailing Address 70 SEAVIEW AVE. SEAVIEW HSE. STAMFORD, CT 06902				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-1290712			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BANNERMAN, MARTHA G.		NAME	CHARLES BARR			
STREET ADDRESS	70 SEAVIEW AVE		STREET ADDRESS	70 SEAVIEW AVE.			
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP	STAMFORD, CT 06902			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADSEN, CARL F		NAME	JAMIE VEICHTE			
STREET ADDRESS	70 SEAVIEW AVE		STREET ADDRESS	70 SEAVIEW AVE.			
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP	STAMFORD, CT 06902			
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEELING, HENRY C		NAME				
STREET ADDRESS	6 LONDON ST. NEW LONDON HSE.		STREET ADDRESS				
CITY-ST-ZIP	LONDON, UK ec3r7lp		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Bridget Soballe</i>			ASSISTANT SECRETARY 3/21/04 800/394-3909				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

04022126



02122004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL