


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90031 006 ***158.75

DOCUMENT # 804922
 1. Entity Name
XL REINSURANCE AMERICA INC.



Principal Place of Business Mailing Address
111 BROADWAY **70 SEAVIEW AVE.**
SUITE 1802 **SEAVIEW HSE.**
NEW YORK, NY 10006 **STAMFORD, CT 06902**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40010000



01142005 Chg-P CR2E034 (10/03)

4. FEI Number
13-1290712 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** Delete
 NAME **BARR, CHARLES**
 STREET ADDRESS **70 SEAVIEW AVE**
 CITY-ST-ZIP **STAMFORD, CT 06902**

TITLE **P** Delete
 NAME **VEIGNTE, JAMIE**
 STREET ADDRESS **70 SEAVIEW AVE**
 CITY-ST-ZIP **STAMFORD, CT 06902**

TITLE **DC** Delete
 NAME **KEELING, HENRY C**
 STREET ADDRESS **6 LONDON ST. NEW LONDON HSE.**
 CITY-ST-ZIP **LONDON, UK ec3r7lp**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **See Attached.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 NAME
 STREET ADDRESS
 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: Steven P. Agosta **Steven P. Agosta** 1/24/05 203-964-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40015565

#804922

XL REINSURANCE AMERICA INC.
2005 For Profit Corporation
Annual Report (Document #: 804922)

Attachment to Block 11.

Addition

TITLE: D/V/S
NAME: Steven P. Agosta
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Christopher F. Buse
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: T
NAME: Gabriel G. Carino
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Robert M. Copp
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Gregory A. Douglas
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Robert Z. Gorski
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

ATTACHMENT

40015565

804922
Addition

TITLE: D/V
NAME: Michael Meyer
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Thomas W. Muller
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Sean F. Murphy
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Robert L. Nason
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V
NAME: Douglas L. Olsen
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Change

TITLE: D/P
NAME: James H. Veghte
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040

Change

TITLE: D/V
NAME: John P. Welch
STREET ADDRESS: 70 Seaview Avenue
CITY - ST - ZIP: Stamford, CT 06902-6040