

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804922

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: XL REINSURANCE AMERICA INC.

**Current Principal Place of Business:**

1540 BROADWAY  
NEW YORK, NY 10036

**New Principal Place of Business:**

**Current Mailing Address:**

70 SEAVIEW AVE.  
STAMFORD, CT 06902

**New Mailing Address:**

FEI Number: 13-1290712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D,P  
Name: WELCH, JOHN P  
Address: 70 SEAVIEW AVE  
City-St-Zip: STAMFORD, CT 06902

Title: V  
Name: HUGHES, DAVID J  
Address: 70 SEAVIEW AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: DVS  
Name: AGOSTA, STEVEN P  
Address: 70 SEAVIEW AVE  
City-St-Zip: STAMFORD, CT 06902

Title: DV  
Name: BUSE, CHRISTOPHER F  
Address: 70 SEAVIEW AVE  
City-St-Zip: STAMFORD, CT 06902

Title: V  
Name: CARINO, GABRIEL G  
Address: 70 SEAVIEW AVE  
City-St-Zip: STAMFORD, CT 06902

Title: V  
Name: COPP, ROBERT M  
Address: 70 SEAVIEW AVE  
City-St-Zip: STAMFORD, CT 06902

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

AS

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date