

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804922

Entity Name: XL REINSURANCE AMERICA INC.

Current Principal Place of Business:

1540 BROADWAY
NEW YORK, NY 10036

FILED
Jan 31, 2013
Secretary of State
CC2770079128

Current Mailing Address:

70 SEAVIEW AVE.
STAMFORD, CT 06902

FEI Number: 13-1290712

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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 DIRECTOR, PRESIDENT, CEO
Name WELCH, JOHN P
Address 70 SEAVIEW AVE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, VP
Name LOCKWOOD, FRANCIS J
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, SECRETARY, VP
Name AGOSTA, STEVEN P
Address 70 SEAVIEW AVE
City-State-Zip: STAMFORD CT 06902

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

Title VP, ASST. TREASURER
Name CARINO, GABRIEL G
Address 70 SEAVIEW AVE
City-State-Zip: STAMFORD CT 06902

Title CFO, VP, DIRECTOR, TREASURER
Name GREENSPAN, BRIAN P
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, VP
Name NORRIS, JAMES M
Address ONE CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, VP
Name TEMPESTA, MICHAEL J
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902

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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 SECRETARY 01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VIGAR, ANDREW
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902

Title VP
Name WILL, ANDREW R
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902

Title VP
Name WALKER, KIP K
Address 115 PERIMETER CENTER PLACE
SUITE 430
City-State-Zip: ATLANTA GA 30346

Title ASST. SECRETARY
Name CLAUSI, KAREN M
Address 70 SEAVIEW AVE.
City-State-Zip: STAMFORD CT 06902