

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804922

**FILED
Mar 24, 2016
Secretary of State
CC5954151632**

Entity Name: XL REINSURANCE AMERICA INC.

Current Principal Place of Business:

ONE WORLD FINANCIAL CENTER
200 LIBERTY STREET
NEW YORK, NY 10281

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
200 EAST GAINES STREET
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,
CHAIRMAN
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 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

Title VP, COMPTROLLER
Name WILL, ANDREW R
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 03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. SECRETARY
Name PERKINS, TONI
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, VP
Name DINKINS, DAWN
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title VP, TREASURER, CFO
Name POTTER, BILL
Address 3340 PEACHTREE RD, NE
TOWER PLACE 100 SUITE 2950
City-State-Zip: ATLANTA GA 30326