

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 804922

**FILED  
Jan 11, 2017  
Secretary of State  
CC1722320013**

**Entity Name:** XL REINSURANCE AMERICA INC.

**Current Principal Place of Business:**

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        100 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06902

**Continues on page 2**

*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   01/11/2017**

\_\_\_\_\_  
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 DITARANTO, MARK A  
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  
Name DIVIRGILIO, JAMES M  
Address 100 CONSITUTION PLAZA  
City-State-Zip: HARTFORD CT 06103

Title VP, TREASURER, CFO  
Name TWITE, MARK R  
Address ONE BERMUDIANA ROAD  
City-State-Zip: HAMILTON BERMUDA HM 08