

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804922

Entity Name: XL REINSURANCE AMERICA INC.

Current Principal Place of Business:

200 LIBERTY STREET
NEW YORK, NY 10281

FILED
Apr 22, 2019
Secretary of State
4066131222CC

Current Mailing Address:

70 SEAVIEW AVE.
STAMFORD, CT 06902

FEI Number: 13-1290712

Certificate of Status Desired: Yes

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 100 WASHINGTON BOULEVARD
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

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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 M CLAUSI

ASSISTANT SECRETARY 04/22/2019

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 ASST. SECRETARY
Name MIMS, SARAH B
Address 505 EAGLEVIEW BOULEVARD
City-State-Zip: EXTON PA 19341

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

Title DIRECTOR, VP
Name BROOKS, DAVID D
Address ONE CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103