

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804922

Entity Name: XL REINSURANCE AMERICA INC.

Current Principal Place of Business:

225 LIBERTY STREET
NEW YORK, NY 10281

FILED
Jan 12, 2024
Secretary of State
6592457649CC

Current Mailing Address:

1 STAR POINT
4TH FLOOR, NORTH TOWER
STAMFORD, CT 06902 US

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 SECRETARY, SVP, GENERAL COUNSEL

Name AGOSTA, STEVEN P

Address 1 STAR POINT
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, PRESIDENT, CHAIRMAN

Name BUSE, CHRISTOPHER F

Address 1 STAR POINT
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title VP

Name NORRIS, JAMES M

Address 677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title SVP, CFO & TREASURER

Name TEMPESTA, MICHAEL J

Address 1 STAR POINT
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title VP, CONTROLLER

Name WILL, ANDREW R

Address 677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title ASST. SECRETARY

Name CLAUSI, KAREN M

Address 677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title ASST. SECRETARY

Name PERKINS, TONI

Address 677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title VP

Name DIVIRGILIO, JAMES M

Address 100 CONSTITUTION PLAZA

City-State-Zip: HARTFORD CT 06103

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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 01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DITARANTO, MARK A
Address 1 STAR POINT
4TH FLOOR, NORTH TOWER
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name DE PERETTI, JACQUES
Address 25 AVENUE MATIGNON
City-State-Zip: PARIS 75008

Title DIRECTOR
Name NADEAU, DONNA
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR
Name RIGNAULT, JEAN-PAUL
Address 192 CHEMIN DU MAS D AYRAN
City-State-Zip: ST QUENTIN LA POTERIE 30700

Title DIRECTOR
Name PILKO, LUCY L
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

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

Title DIRECTOR
Name HARLIN, GERALD
Address 33 RUE HENRI DE REGNIER
City-State-Zip: VERSAILLES 78000

Title DIRECTOR
Name PIAZZOLLA, SALVATORE
Address 22 BYFIELD LANE
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name ROY, JOHN M
Address 330 EAST 79TH STREET
APT. 10A
City-State-Zip: NEW YORK NY 10075

Title DIRECTOR
Name BUCHMANN, IRINA
Address 677 WASHINGTON BLVD
10TH FLOOR, SUITE 1000
City-State-Zip: STAMFORD CT 06901