


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90064 010 \*\*\*158.75

<b>DOCUMENT # 804922</b> 1. Entity Name XL REINSURANCE AMERICA INC.	
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Principal Place of Business <b>111 BROADWAY SUITE 1802 NEW YORK, NY 10006</b>	Mailing Address <b>70 SEAVIEW AVE. SEAVIEW HSE. STAMFORD, CT 06902</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country

01122006 Chg-P CR2E034 (11/05)



4. FEI Number <b>13-1290712</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUSE, CHRISTOPHER 70 SEAVIEW AVE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AGOSTA, STEVEN P 70 SEAVIEW AVE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KEELING, HENRY C 6 LONDON ST. NEW LONDON HSE. LONDON, UK ec3r7lp <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARINO, GABRIEL G 70 SEAVIEW AVENUE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COPP, ROBERT M 70 SEAVIEW AVENUE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOUGLAS, GREGORY A 70 SEAVIEW AVENUE STAMFORD, CT 069026040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Steven P. Agosta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>1/13/05</i> Daytime Phone #
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ATTACHMENT  
60009217

**XL REINSURANCE AMERICA INC.**

2006 For Profit Corporation

Annual Report (Document #: 804922)

Attachment to Block 11.

Addition

TITLE: D/V  
NAME: Robert Z. Gorski  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: Michael Meyer  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: Thomas W. Muller  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Delete

TITLE: D/V  
NAME: Sean F. Murphy  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: Robert L. Nason  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

# ATTACHMENT

6 0009217

#804922

Delete

TITLE: D/V  
NAME: Douglas L. Olsen  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Change

TITLE: D/P/C  
NAME: James H. Veghte  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: John P. Welch  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Change

TITLE: D  
NAME: Henry C. Keeling  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: Brian P. Greenspan  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

Addition

TITLE: D/V  
NAME: David J. Hughes  
STREET ADDRESS: 70 Seaview Avenue  
CITY ST - ZIP: Stamford, CT 06902-6040