

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 023 \*\*\*150.00

40019254



02052007 Chg-P CR2E034 (12/06)

4. FEI Number  
13-1290712

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KNEELING, HENRY C<br>70 SEAVIEW AVE<br>STAMFORD, CT 069026040          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V<br>WELCH, JOHN P<br>70 SEAVIEW AVE<br>STAMFORD, CT 069026040            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KEELING, HENRY C<br>6 LONDON ST. NEW LONDON HSE.<br>LONDON, UK ec3r7lp | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V<br>GASKI, ROBERT Z<br>70 SEAVIEW AVENUE<br>STAMFORD, CT 069026040       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>OLSEN, DOUGLAS L<br>70 SEAVIEW AVENUE<br>STAMFORD, CT 069026040       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HUGHES, DAVID J<br>70 SEAVIEW AVENUE<br>STAMFORD, CT 069026040        | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V Welch, John P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>70 Seaview Ave<br>Stamford, CT 06902-6040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Steven P. Agostia 2/5/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40019254

**XL REINSURANCE AMERICA INC. #804922**

**2007 For Profit Report**

**Annual Report (Document #: 804922)**

**Attachment to Block 11.**

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

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

TITLE: V  
NAME: Gabriel G. Carino  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

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

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

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

# ATTACHMENT

40019254

#804933

TITLE: V  
NAME: Alan L. Hunte  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

TITLE: AS  
NAME: Kenneth P. Meagher  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

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

TITLE: D/V  
NAME: Richard H. Miller  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

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

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

TITLE: Vice President  
NAME: Michael A. Zauderer  
STREET ADDRESS: 70 Seaview Avenue  
CITY - ST - ZIP: Stamford, CT 06902-6040

# ATTACHMENT

40019254

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP

D/C # 804922  
James H. Veghte  
70 Seaview Avenue  
Stamford, CT 06902-6040