


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 046 ***158.75

DOCUMENT # 804922 1. Entity Name XL REINSURANCE AMERICA INC.	
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Principal Place of Business 111 BROADWAY SUITE 1802 NEW YORK, NY 10006	Mailing Address 70 SEAVIEW AVE. SEAVIEW HSE. STAMFORD, CT 06902
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40027040



01312008 Chg-P CR2E034 (12/06)

4. FEI Number 13-1290712	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WELCH, JOHN P 70 SEAVIEW AVE STAMFORD, CT 069026040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HUGHES, DAVID J 70 SEAVIEW AVENUE STAMFORD, CT 069026040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Agosta, Steven P. 70 Seaview Avenue Stamford, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Buse, Christopher F. 70 Seaview Avenue Stamford, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carino, Gabriel G. 70 Seaview Avenue Stamford, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V <input type="checkbox"/> Change <input type="checkbox"/> Addition Copp, Robert M. 70 Seaview Ave Stamford, CT 06902

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. Agosta 2/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40027829
804922

XL REINSURANCE AMERICA INC.

2008 For Profit Corporation

Annual Report (Document #: 804922)

Attachment to Block 11.

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

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

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

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

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

ATTACHMENT

45027829

#804922

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: D/V
NAME: James M. Norris
STREET ADDRESS: 100 Constitution Plaza
CITY - ST - ZIP: Hartford, CT 06103

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

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

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