2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 804922

Entity Name: XL REINSURANCE AMERICA INC.

Current Principal Place of Business:

1540 BROADWAY
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

70 SEAVIEW AVE.
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 13-1290712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D,P
Name: WELCH, JOHN P
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

Title: V
Name: HUGHES, DAVID J
Address: 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: DVS
Name: AGOSTA, STEVEN P
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

Title: DV
Name: BUSE, CHRISTOPHER F
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

Title: V
Name: CARINO, GABRIEL G
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

Title: V
Name: COPP, ROBERT M
Address: 70 SEAVIEW AVE
City-St-Zip: STAMFORD, CT 06902

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 CLAUSI AS 01/04/2011

Electronic Signature of Signing Officer or Director — Date