2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

DOCUMENT# P05044

Entity Name: WHITE MOUNTAINS REINSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK, NY 10006

New Principal Place of Business:

ONE LIBERTY PLAZA
18TH FLOOR
NEW YORK, NY 10006

Current Mailing Address:

ONE LIBERTY PLAZA
19TH FLOOR
NEW YORK, NY 10006

New Mailing Address:

ONE LIBERTY PLAZA
18TH FLOOR
NEW YORK, NY 10006

FEI Number: 13-2997499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO
Name: EVANS, DWIGHT R
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: CFOT
Name: FREILING, ROBERT J
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: COOD
Name: WILSON, DANIEL J
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: SVP
Name: KUEHN, ROBERT P
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: SVPD
Name: PIPITONE, FAITH M
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: SVPD
Name: SASSO, ANTHONY A
Address: ONE LIBERTY PLAZA, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10006

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: LINDA S. LIEBERMAN AVP 02/10/2010

Electronic Signature of Signing Officer or Director — Date