

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05044

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** WHITE MOUNTAINS REINSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

ONE LIBERTY PLAZA  
18TH FLOOR  
NEW YORK, NY 10006

**New Principal Place of Business:**

**Current Mailing Address:**

ONE LIBERTY PLAZA  
18TH FLOOR  
NEW YORK, NY 10006

**New Mailing Address:**

**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

**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

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date