

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 804922

**Entity Name:** XL REINSURANCE AMERICA INC.

**Current Principal Place of Business:**

225 LIBERTY STREET  
NEW YORK, NY 10281

**FILED**  
**Jan 12, 2024**  
**Secretary of State**  
**6592457649CC**

**Current Mailing Address:**

1 STAR POINT  
4TH FLOOR, NORTH TOWER  
STAMFORD, CT 06902 US

**FEI Number:** 13-1290712

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title SECRETARY, SVP, GENERAL COUNSEL

Name AGOSTA, STEVEN P

Address 1 STAR POINT  
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title VP

Name NORRIS, JAMES M

Address 677 WASHINGTON BLVD  
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title VP, CONTROLLER

Name WILL, ANDREW R

Address 677 WASHINGTON BLVD  
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title ASST. SECRETARY

Name PERKINS, TONI

Address 677 WASHINGTON BLVD  
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title DIRECTOR, PRESIDENT, CHAIRMAN

Name BUSE, CHRISTOPHER F

Address 1 STAR POINT  
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title SVP, CFO & TREASURER

Name TEMPESTA, MICHAEL J

Address 1 STAR POINT  
4TH FLOOR, NORTH TOWER

City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY

Name CLAUSI, KAREN M

Address 677 WASHINGTON BLVD  
10TH FLOOR, SUITE 1000

City-State-Zip: STAMFORD CT 06901

Title VP

Name DIVIRGILIO, JAMES M

Address 100 CONSTITUTION PLAZA

City-State-Zip: HARTFORD CT 06103

**Continues on page 2**

*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 M. CLAUSI

**ASSISTANT SECRETARY** 01/12/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name DITARANTO, MARK A  
Address 1 STAR POINT  
4TH FLOOR, NORTH TOWER  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name DE PERETTI, JACQUES  
Address 25 AVENUE MATIGNON  
City-State-Zip: PARIS 75008

Title DIRECTOR  
Name NADEAU, DONNA  
Address 225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR  
Name RIGNAULT, JEAN-PAUL  
Address 192 CHEMIN DU MAS D AYRAN  
City-State-Zip: ST QUENTIN LA POTERIE 30700

Title DIRECTOR  
Name PILKO, LUCY L  
Address 225 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title ASST. SECRETARY  
Name MIMS, SARAH B  
Address 505 EAGLEVIEW BOULEVARD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR  
Name HARLIN, GERALD  
Address 33 RUE HENRI DE REGNIER  
City-State-Zip: VERSAILLES 78000

Title DIRECTOR  
Name PIAZZOLLA, SALVATORE  
Address 22 BYFIELD LANE  
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR  
Name ROY, JOHN M  
Address 330 EAST 79TH STREET  
APT. 10A  
City-State-Zip: NEW YORK NY 10075

Title DIRECTOR  
Name BUCHMANN, IRINA  
Address 677 WASHINGTON BLVD  
10TH FLOOR, SUITE 1000  
City-State-Zip: STAMFORD CT 06901