

FORM NL-41 OFFICES INFORMATION

Date:: March 31, 2024

Name of the Insurer: XL Insurance Company SE, India Reinsurance Branch

Date:

Sl. No.	Office Information	Number
1	No. of offices at the beginning of the year	1
2	No. of branches approved during the year	
3	No. of branches opened during the	Out of approvals of previous year
4	year	Out of approvals of this year
5	No. of branches closed during the year	
6	No of branches at the end of the year	1
7	No. of branches approved but not opened	
8	No. of rural branches	
9	No. of urban branches	1
10	No. of Directors:- (a) Independent Director (b) Executive Director (c) Non-executive Director (d) Women Director (e) Whole time director	
11	No. of Employees (a) On-roll: (b) Off-roll: (c) Total	4
12	No. of Insurance Agents and Intermediaries (a) Individual Agents, (b) Corporate Agents-Banks (c)Corporate Agents-Others (d) Insurance Brokers (e) Web Aggregators (f) Insurance Marketing Firm (g) Motor Insurance Service Providers (DIRECT) (h) Point of Sales persons (DIRECT) (i) Other as allowed by IRDAI (To be specified)	

Employees and Insurance Agents and Intermediaries -Movement

Particulars	Employees	Insurance Agents and Intermediaries
Number at the beginning of the quarter	5	0
Recruitments during the quarter	0	0
Attrition during the quarter	1	0
Number at the end of the quarter	4	0