

FORM NL-41 OFFICES INFORMATION

Name of the Insurer: XL INSURANCE COMPANY SE - INDIA REINSURANCE BRANCH

Date: September 30, 2024

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 year	Out of approvals of previous year
4		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 half year		
Recruitments during the half year		
Attrition during the half year		
Number at the end of the half year		