

FORM NL-41 OFFICES INFORMATION**Date:: March 31, 2025****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 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	8
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 year	4	0
Recruitments during the year	4	0
Attrition during the year	1	0
Number at the end of the year	7	0