

**FORM NL-41 OFFICES INFORMATION**

Name of the Insurer: **XL INSURANCE COMPANY SE - INDIA REINSURANCE BRANCH**  
 Registration Number: **FRB/007 Dated 01st February 2017**

Date: **September 30, 2025**

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	
11	No. of Employees	12
	(a) On-roll:	
	(b) Off-roll:	
12	(c) Total	
	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	7	-
Recruitments during the half year	5	-
Attrition during the half year	-	-
Number at the end of the half year	12	-