2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90189 010 ***150.00

DOCUMENT # P01626

1. Entity Name
REVIOS REINSURANCE CANADA LTD. (CORPORATION)

40079267

Principal Place of Business	Mailing Address
480 UNIVERSITY AVE TORONTO, ON M5G 1-V6	480 UNIVERSITY AVE TORONTO, ON M5G 1-V6

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
480 UNIVERSITY AVENUE	480 UNIVERSITY AVENUE
Suite, Apt. #, etc. SUITE 1600	Suite, Apt. #, etc. SUITE 1600
City & State TORONTO, ONTARIO	City & State TORONTO, ONTARIO
Zip / Country M5G 1V6 / CANADA	Zip / Country M5G 1V6 / CANADA

4. FEI Number
95-3549246
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODARD, EUGENE M 480 UNIVERSITY AVENUE TORONTO, ON M5G1V6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO SHUMRAK HAROLD M 480 UNIVERSITY AVENUE, SUITE 1600 TORONTO, ON M5G1V6	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO CREBER, GORDON R 700 KING STREET WEST. APT #1109 TORONTO, ON M5V2Y6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SINGER ERIC M 122 BURNDALE AVENUE TORONTO, ON M2N1S9	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAU, ROBERT B 269 SUTHERLAND DRIVE TORONTO, ON, CANADA, ON M4G1J3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR VP HYLAND, KATHRYN A 272 CHISWELL PLACE HEATHROW, FLORIDA USA 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILKINSON, NEIL 532 DURIE ST TORONTO, ON M6S 4H7	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR VP SPOONER, TODD P 1366 PRESERVE CIRCLE GOLDEN, CO 80401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AROKIUM, LEONARD A 1526 NAPANEE ROAD PICKERING, ON L1V6T7	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST.VP & T MOREWOOD, NEAL F 38 CALLAGHAN CRESCENT GEORGETOWN, ON L7G 6A6	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHOSTACK, BENNETT F 67 CLARINDA DRIVE TORONTO, ON M2K2V2	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCLOY SUSAN A 249 WANLESS AVE TORONTO, ON	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. McCloy — Susan C. McCloy, VP, Financial Planning & Reporting — April 18, 2005 — (416) 542 1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400079267

#P01626

Revios

April 21, 2006

Ramesh Ramotar, CGA, FLMI
Controller

Tel: (416) 542-1762
Fax: (416) 599-6390
ramesh.ramotar@revios.us

State of Florida
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500
U.S.A.

Dear Madam/Sir:

Enclosed are the following for Revios Reinsurance Canada Ltd.:

1. 2006 for Profit Corporation Annual Report; and
2. A cheque in the amount of $150.00 for filing fee.

Yours truly,

Ramesh Ramotar

\ppc
Encl.

Revios Reinsurance

480 University Avenue
Suite 1600
Toronto, Ontario M5G 1V6
Canada

www.revios.us

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OFFICERS
REVIOS REINSURANCE CANADA LTD.

Name	Title	Office Address
Jacobsen, Christian Wells	Vice President, New Markets	7604 N. Kansas Ave Gladstone, Missouri 64119 USA
Piché, André	Vice President, Actuarial Support	480 University Avenue Suite 1600 Toronto, Ontario M5G 1V6
Clayton, John Newton	Assistant Vice President, Financial Structures	480 University Avenue Toronto, Ontario M5G 1V6
Cook, John Arthur	Regional Vice President, Marketing	480 University Avenue Suite 1600 Toronto, Ontario M5G 1V6
Ho, Roland	Assistant Vice President, IT Development	480 University Avenue Suite 1600 Toronto, Ontario M5M 1V6
McEvenue, Deborah Anne	Assistant Vice President & Chief Underwriter	480 University Avenue Suite 1600 Toronto, Ontario M5G 1V6

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DIRECTORS
REVIOS REINSURANCE CANADA LTD.

Name	**Address**
Dr. Miller, Klaus Wilhelm	Helene-Weber-Allee 18 D-80637 Munich, Germany
Shostack, Bennett Franklin	67 Clarinda Drive Toronto, Ontario Canada M2K 2V2
Knuepling, Frieder	Moltkestr. 6 Cologne, Nordrhein-Westfalen Germany
Usher, Frederick Barrie	407 Cavendish Drive Waterloo, Ontario Canada N2T 2N6