2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 05-02-2006 90189 010 ***150.00 DOCUMENT # P01626 REVIOS REINSURANCE CANADA LTD. (CORPORATION) Mailing Address Principal Place of Business 40079267 **480 UNIVERSITY AVE 480 UNIVERSITY AVE** TORONTO, ON M5G 1-V6 TORONTO, ON M5G 1-V6 3. Mailing Address 480 UNIVERSITY AVENUE 2. Principal Place of Business **480 UNIVERSITY AVENUE** Suite, Apt. #, etc SUITE 1600 Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P **SUITE 1600** Applied For City & State TORONTO, ONTARIO City & State TORONTO, ONTARIO 4. FEI Number 95-3549246 Not Applicable Country CANADA Zip \$8.75 Additional 5. Certificate of Status Desired CANADA M5G 1V6 M5G 1V6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Detete ☐ Change Addition TITI F TITLE VCFO WOODARD, EUGENE M NAME NAME SHUMRAK HAROLD M STREET ADDRESS **480 UNIVERSITY AVENUE** STREET ADDRESS 480 UNIVERSITY AVENUE, SUITE 1600 TORONTO, ON M5G1V6 CITY-ST-ZIP CITY-ST-ZIP TORONTO, ON M5G1V6 **VCFO** Delete VS Change X Addition TITLE CREBER, GORDON R SINGER ERIC M NAME NAME 122 BURNDALE AVENUE STREET ADDRESS 700 KING STREET WEST. APT #1109 STREET ADDRESS TORONTO, ON M2N1S9 CITY-ST-7IP TORONTO, ON M5V2Y6 CITY-ST-7IP SENIOR VP ☐ Change X Addition ☐ Delete TITL E TITLE HYLAND, KATHRYN A NAME LAU, ROBERT B NAME 272 CHISWELL PLACE 269 SUTHERLAND DRIVE STREET ADDRESS STREET ADDRESS HEATHROW, FLORIDA USA 32746 CITY-ST-ZIP TORONTO, ON, CANADA, ON M4G1J3 CITY-ST-ZIP ☐ Change x Addition X Detete TITLE SENIOR VP TITLE SPOONER, TODD P WILKINSON NEIL NAME 532 DURIE ST STREET ADDRESS 1366 PRESERVE CIRCLE STREET ADDRESS **GOLDEN, CO 80401** CITY-ST-ZIP TORONTO, ON M6S 4H7 CITY-ST-ZIP X Delete TITLE ASST.VP & T ☐ Change X Addition TITLE MOREWOOD, NEAL F AROKIUM, LEONARD A NAME NAME 38 CALLAGHAN CRESCENT 1526 NAPANEE ROAD STREET ADDRESS STREET ADDRESS GEORGETOWN, ON L7G 6A6 CITY-ST-ZIP CITY-ST-ZIP PICKERING, ON L1V6T7 **Addition** ☐ Change TITLE X Delete TITLE SHOSTACK, BENNETT F MCCLOY SUSAN A NAME NAME 67 CLARINDA DRIVE STREET ADDRESS 249 WANLESS AVE

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.

CITY-ST-ZIP

TORONTO, ON M2K2V2

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. McCloy VP, Financial Planning & Reporting

April 18, 2005

TORONTO, ON

(416) 542 1762

FILED

May 02, 2006 8:00 am

Date

Daytime Phone #

ATTACHMENT

40079267 #101626

April 21, 2006

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.

Kameth Remote

Revios

Ramesh Ramotar, CGA, FLMI Controller

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

Revios Reinsurance

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

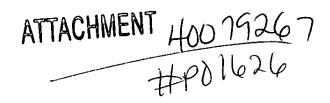
www.revios.us

ATTACHMENT 40079267 #P01626

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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



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