2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90196 027 ***150.00

DOCUMENT # P01626

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

Principal Place of Business	Mailing Address
175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30 TORONTO, ONTARIO M4W 3R8	175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30 TORONTO, ONTARIO M4W 348

04172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
175 Bloor Street East, North Tower	175 Bloor Street East, North Tower
Suite, Apt. #, etc. Suite 1400, PO Box 30	Suite, Apt. #, etc. Suite 1400, PO Box 30
City & State Toronto, Ontario	City & State Toronto, Ontario
Zip M4W 3R8 / Country Canada	Zip M4W 3R8 / Country 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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PD CORCOS, YVES ISIDORE 175, BLOOR STREET EAST, NORTH TOWER, SUITE 1400, PO BOX 30 tORONTO, ONTARIO M4W 3R8 CANADA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO SHUMRAK, HAROLD M 480 UNIVERSITY AVENUE SUITE 1600 TORONTO ONTARIO CANADA, m5g 1v6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO HAROLD, SHUMRAK M 175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30, TORONTO, ON M4W 3R8	☒ 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	VS SINGER, ERIC M 175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30, TORONTO, ON M4W 3R8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SINGER, ERIC M 480 UNIVERSITY AVENUE SUITE 1600 TORONTO ONTARIO CANADA, m5g 1v6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP HYLAND, KATHRYN A 175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30, TORONTO, ON M4W 3R8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP HYLAND, KATHRYN A 480 UNIVERSITY AVENUE SUITE 1600 TORONTO ONTARIO CANADA, m5g 1v6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP SPOONER, TODD P 175 BLOOR STREET EAST, NORTH TOWER SUITE 1400, PO BOX 30, TORONTO, ON M4W 3R8	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP SPOONER, TODD P 480 UNIVERSITY AVENUE SUITE 1600 TORONTO ONTARIO CANADA, m5g 1v6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 17, 2007 — 416 542 1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40081407
#P01626

DIRECTORS
REVIOS REINSURANCE CANADA LTD.

Name	**Address**
Dr. Miller, Klaus Wilhelm	Helene-Weber-Allee 18 D-80637 Munich, Germany
Corcos, Yves Isidore	175 Bloor Street East, North Tower Suite 1400, PO Box 30 Toronto, Ontario M4W 3R8
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

ATTACHMENT

40081407
P01626

OFFICERS
REVIOS REINSURANCE CANADA LTD.

Name	Title	Office Address
Piché, André	Vice President, Actuarial Support	175 Bloor Street East North Tower, Suite 1400 PO Box 30 Toronto, Ontario M4W 3R8
Cook, John Arthur	Regional Vice President, Marketing	175 Bloor Street East North Tower, Suite 1400 PO Box 30 Toronto, Ontario M4W 3R8
McEvenue, Deborah Anne	Assistant Vice President & Chief Underwriter	175 Bloor Street East North Tower, Suite 1400 PO Box 30 Toronto, Ontario M4W 3R8