

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06132

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: REVIOS REINSURANCE U.S. INC.

## Current Principal Place of Business:

480 UNIVERSITY AVENUE SUITE 1500  
TORONTO ONTARIO M5G1V6  
CANADA, XX

## New Principal Place of Business:

480 UNIVERSITY AVENUE  
TORONTO, ON M5G1V6 CN

## Current Mailing Address:

480 UNIVERSITY AVENUE  
SUITE #1500  
TORONTO, ON, CANADA, ON M5G1V6 CD

## New Mailing Address:

480 UNIVERSITY AVENUE  
TORONTO, ON M5G1V6 CN

FEI Number: 62-1003368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TURVEY, PETER J  
Address: 480 UNIVERSITY AVENUE  
City-St-Zip: TORONTO, ON, CANADA, ON M5G1V6 CA

Title: V ( ) Delete  
Name: CREVER, GORDON R  
Address: 700 KING STREET W. APT #1109  
City-St-Zip: TORONTO, ON, CANADA, ON M5V 2V6 CA

Title: VFST ( ) Delete  
Name: EVANS, THOMAS LEO  
Address: 37 WILLINGDON BLVD.  
City-St-Zip: ETOBICOKE, ON, CANADA, ON M8X2H3 CA

Title: D ( ) Delete  
Name: SHOSTACK, BENNETT F  
Address: 67 CLARINDA DR.  
City-St-Zip: WILLOWDALE, ON CANADA CA

Title: S ( ) Delete  
Name: EVANS, THOMAS LEO  
Address: 37 WILLINGDON BLVD  
City-St-Zip: ETOBICOKE, ON, CANADA, ON M8X 2H3 CA

Title: V ( ) Delete  
Name: WILKINSON, NEIL  
Address: 532 DURIE STREET  
City-St-Zip: TORONTO, ONTARIO, ON CANADA CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WOODARD, EUGENE M  
Address: 480 UNIVERSITY AVENUE  
City-St-Zip: TORONTO, ON M5G1V6 CN

Title: VCFO (X) Change ( ) Addition  
Name: CREBER, GORDON R  
Address: 700 KING STREET W. APT #1109  
City-St-Zip: TORONTO, ON M5V 2Y6 CN

Title: SD (X) Change ( ) Addition  
Name: SHOSTACK, BENNETT F  
Address: 67 CLARINDA DR.  
City-St-Zip: WILLOWDALE, ON M2K2V2 CN

Title: V (X) Change ( ) Addition  
Name: LAU, ROBERT B  
Address: 269 SUTHERLAND DRIVE  
City-St-Zip: TORONTO, ON M4G1J3 CN

Title: V (X) Change ( ) Addition  
Name: WILKINSON, NEIL  
Address: 532 DURIE ST.  
City-St-Zip: TORONTO, ON M6S4H7 CN

Title: V (X) Change ( ) Addition  
Name: AROKIU, LEONARD A  
Address: 1526 NAPANEE ROAD  
City-St-Zip: PICKERING, ON L1V6T7 CN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. LAU

V

04/18/2005

Electronic Signature of Signing Officer or Director

Date