2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

05-02-2006 90189 011 ***150.00 DOCUMENT # P06132 REVIOS REINSURANCE U.S. INC. 40079266 Principal Place of Business Mailing Address **480 UNIVERSITY AVENUE 480 UNIVERSITY AVENUE** TORONTO, ON M5G1V-6 TORONTO, ON M5G1V-6 2. Principal Place of Business 480 UNIVERSITY AVENUE 3. Mailing Address 480 UNIVERSITY AVENUE Suite, Apt. #, etc. SUITE 1600 Suite, Apt. #, etc SUITE 1600 04182006 CR2E034 (11/05) City & State TORONTO, ONTARIO City & State TORONTO, ONTARIO Applied For 4. FEi Number 62-1003368 Not Applicable Country CANADA Zip M5G 1V6 \$8.75 Additional 5. Certificate of Status Desired M5G 1V6 CANADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PD X Change TITLE ☐ Delete TITI F OnitibbA | VCFO WOODARD, EUGENE M NAME NAME SHUMRAK HAROLD M STREET ADDRESS **480 UNIVERSITY AVENUE** STREET ADDRESS 480 UNIVERSITY AVENUE, SUITE 1600 CITY-ST-ZIP TORONTO, ON M5G1V6 CITY-ST-ZIP TORONTO, ON M5G1V6 **VCFO** X Delete VS ☐ Change X Addition CREBER, GORDON R SINGER ERIC M NAME 700 KING STREET W. APT #1109 122 BURNDALE AVENUE STREET ADDRESS STREET ADDRESS TORONTO, ON M2N1S9 CITY-ST-7IP CITY-ST-ZIP TORONTO, ON M5V 2Y6 Delete SENIOR VP Change X Addition TITLE TITLE HYLAND, KATHRYN A SHOSTACK, BENNETT F NAME 272 CHISWELL PLACE 67 CLARINDA DR STREET ADDRESS STREET ADORESS HEATHROW, FLORIDA USA 32746 CITY-ST-ZIP WILLOWDALE, ON M2K2V2 CITY-ST-ZIP Delete SENIOR VP ☐ Change X Addition TITLE LAU, ROBERT B SPOONER, TODD P NAME NAME STREET ADDRESS 269 SUTHERLAND DRIVE STREET ADDRESS 1366 PRESERVE CIRCLE CITY-ST-ZIP TORONTO, ON M4G1J3 CITY+ST+ZIP **GOLDEN, CO 80401** Delete ASST.VP & T ☐ Change X Addition TITLE TITLE NAME WILKINSON, NEIL NAME MOREWOOD, NEAL F 38 CALLAGHAN CRESCENT STREET ADDRESS 532 DURIE ST. STREET ADDRESS CITY-ST-ZIP TORONTO, ON M6S4H7 CITY-ST-ZIP GEORGETOWN, ON L7G 6A6 TITLE X Delete TITLE ☐ Change ★ Addition AROKIUM, LEONARD A MCCLOY SUSAN A NAME NAME 249 WANLESS AVE STREET ADDRESS 1526 NAPANEE ROAD STREET ADDRESS TORONTO, ON CITY-ST-ZIP CITY-ST-ZIP PICKERING, ON L1V6T7

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:

Susan C. McCloy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, Financial Planning & Reporting

April 18, 2005

(416) 542 1762

Date

Daytime Phone #

FILED

May 02, 2006 8:00 am Secretary of State

ATTACHMENT

40079266 4P06132

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 U.S. Inc.:

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

Yours truly,

\ppc Fncl



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



OFFICERS REVIOS REINSURANCE U.S. Inc.

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

ATTACHMENT

40079266 # POTG152

DIRECTORS REVIOS REINSURANCE U.S. INC.

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