


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 002 ***150.00

DOCUMENT # P06132	
1. Entity Name REVIOS REINSURANCE U.S. INC.	

Principal Place of Business 175 BLOOR ST. E. NORTH TOWER, SUITE 1400 TORONTO ONTARIO CANADA, M4234-8 CA	Mailing Address P.O. BOX 30 TORONTO, ON. CANADA, M4W34-8 CA
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40081400

2. Principal Place of Business - No P.O. Box # 175 Bloor Street East, North Tower	3. Mailing Address 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

04172007 Chg-P CR2E034 (12/06)

4. FEI Number 62-1003368	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HAROLD, SHUMRAK M 480 UNIVERSITY AVE SUITE 1600 TORONTO, ON M5G1V6 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SINGER, ERIC M 122 BURNDAL AVE TORONTO, ON m2n1s9 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HYLAND, KATHRYN A 272 CHISWELL PLACE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAU, ROBERT B 269 SUTHERLAND DRIVE TORONTO, ON M4G1J3 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT MOOREWOOD, NEAL F 38 CALLAGHAN CRESCENT GEORGETOWN, ON l7g6a6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLOY, SUSAN A 249 WANLESS LN TORONTO, ON <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLOY, SUSAN C. 249 WANLESS LN TORONTO, ON <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 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

40081408

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OFFICERS REVIOS REINSURANCE U.S. INC.

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

ATTACHMENT

40081408

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DIRECTORS
REVIOS REINSURANCE U.S. INC.

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
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