

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07755 (2)
1. Corporation Name
THE TOA-RE INSURANCE COMPANY OF AMERICA

Principal Place of Business
**177 MADISON AVENUE
CN 1930
MORRISTOWN NJ 07960**

Mailing Address
**177 MADISON AVENUE
CN 1930
MORRISTOWN NJ 07960**

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1985

2. Principal Place of Business	2a. Mailing Address
21 177 MADISON AVENUE	26 177 MADISON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 PO BOX 1930	27 PO BOX 1930
City & State	City & State
23 MORRISTOWN, NJ	28 MORRISTOWN, NJ
Zip	Zip
24 07962-1930	29 07962-1930
Country	Country
25 US	30 US

4. FEI Number	Applied For
13-2918573	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MUNSON, WILLIAM L	
STREET ADDRESS	177 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OHASHI, HIROSHI	
STREET ADDRESS	6 KANDA-SURUGADAI 3 CHOME	
CITY-ST-ZIP	TOKYO JA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEEHY, THOMAS M.	
STREET ADDRESS	177 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEDGES, ROBERT W.	
STREET ADDRESS	177 MADISON AVE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

973-898-9602

CR2E034 (5/98)