

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90041 005 \*\*\*150.00

DOCUMENT # P07755

1. Corporation Name

THE TOA-RE INSURANCE COMPANY OF AMERICA



Principal Place of Business

177 MADISON AVE  
P. O. BOX 1930  
MORRISTOWN NJ 07962-1930  
US

Mailing Address

177 MADISON AVENUE  
P. O. BOX 1930  
MORRISTOWN NJ 07962-1930  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1985

4. FEI Number

13-2918573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax ☐ Yes ☐ 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

FL

85 Zip Code

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 ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition1.5 CITY-ST-ZIP ☐ Change ☐ Addition1.6 CITY-ST-ZIP ☐ Change ☐ Addition1.7 CITY-ST-ZIP ☐ Change ☐ Addition1.8 CITY-ST-ZIP ☐ Change ☐ Addition1.9 CITY-ST-ZIP ☐ Change ☐ Addition1.10 CITY-ST-ZIP ☐ Change ☐ Addition1.11 CITY-ST-ZIP ☐ Change ☐ Addition1.12 CITY-ST-ZIP ☐ Change ☐ Addition1.13 CITY-ST-ZIP ☐ Change ☐ Addition1.14 CITY-ST-ZIP ☐ Change ☐ Addition1.15 CITY-ST-ZIP ☐ Change ☐ Addition1.16 CITY-ST-ZIP ☐ Change ☐ Addition1.17 CITY-ST-ZIP ☐ Change ☐ Addition1.18 CITY-ST-ZIP ☐ Change ☐ Addition1.19 CITY-ST-ZIP ☐ Change ☐ Addition1.20 CITY-ST-ZIP ☐ Change ☐ Addition1.21 CITY-ST-ZIP ☐ Change ☐ Addition1.22 CITY-ST-ZIP ☐ Change ☐ Addition1.23 CITY-ST-ZIP ☐ Change ☐ Addition1.24 CITY-ST-ZIP ☐ Change ☐ Addition1.25 CITY-ST-ZIP ☐ Change ☐ Addition1.26 CITY-ST-ZIP ☐ Change ☐ Addition1.27 CITY-ST-ZIP ☐ Change ☐ Addition1.28 CITY-ST-ZIP ☐ Change ☐ Addition1.29 CITY-ST-ZIP ☐ Change ☐ Addition1.30 CITY-ST-ZIP ☐ Change ☐ Addition1.31 CITY-ST-ZIP ☐ Change ☐ Addition1.32 CITY-ST-ZIP ☐ Change ☐ Addition1.33 CITY-ST-ZIP ☐ Change ☐ Addition1.34 CITY-ST-ZIP ☐ Change ☐ Addition1.35 CITY-ST-ZIP ☐ Change ☐ Addition1.36 CITY-ST-ZIP ☐ Change ☐ Addition1.37 CITY-ST-ZIP ☐ Change ☐ Addition1.38 CITY-ST-ZIP ☐ Change ☐ Addition1.39 CITY-ST-ZIP ☐ Change ☐ Addition1.40 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

9480