

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07755

1. Entity Name

THE TOA-RE INSURANCE COMPANY OF AMERICA

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90005 029 ***150.00

Principal Place of Business	Mailing Address
177 MADISON AVE P. O. BOX 1930 MORRISTOWN NJ 07962-1930 US	177 MADISON AVENUE P. O. BOX 1930 MORRISTOWN NJ 07962-1930 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
13-2918573	Not Applicable

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
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	DCEO <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	VTD <input type="checkbox"/> Delete
NAME	SHEEHY, THOMAS M.
STREET ADDRESS	177 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	HEDGES, ROBERT W.
STREET ADDRESS	177 MADISON AVE
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	AVP <input checked="" type="checkbox"/> Delete
NAME	CARROLL, RICHARD
STREET ADDRESS	177 MADISON AVE
CITY-ST-ZIP	MORRISTOWN NJ 07962
TITLE	SVP, Sec & Gen. Counsel <input type="checkbox"/> Delete
NAME	John J. Hayden
STREET ADDRESS	177 Madison Ave
CITY-ST-ZIP	Morristown NJ 07962

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/7/00 973-898-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)