

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-21-2001 90012 018 ***150.00

DOCUMENT # P07755

1. Entity Name

THE TOA REINSURANCE 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2918573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

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

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCEO
MUNSON, WILLIAM L
177 MADISON AVENUE
MORRISTOWN NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OHASHI, HIROSHI
6 KANDA-SURUGADAI 3 CHOME
TOKYO JA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT & CHIEF EXECUTIVE, TOKYO
SHINYA YASHIKOSHI
6 Kanda-Surugadai 3 chome
Tokyo, JAPAN 101-8703** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
SHEEHY, THOMAS M.
177 MADISON AVENUE
MORRISTOWN NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

973-898-9480

Daytime Phone #

**THOMAS M. SHEEHY
SENIOR VICE PRESIDENT AND
CHIEF FINANCIAL OFFICER**

CR2E034 (10/00)