

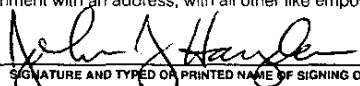


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90056 016 ***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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 13-2918573				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO NAME MUNSON, WILLIAM L STREET ADDRESS 177 MADISON AVENUE CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input checked="" type="checkbox"/> Delete		TITLE CEO NAME George T. VanGilder STREET ADDRESS 177 MADISON AVE CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME YOSHIKOSHI, SHINYA STREET ADDRESS 6 KANDA-SURUGUDAI 3- CHOME CITY-ST-ZIP TOKYO, JA 101-803	<input type="checkbox"/> Delete		TITLE D/C NAME yoshikoshi, shinya STREET ADDRESS 6, Kanda-Surugadai 3-chome CITY-ST-ZIP Chiyoda-Ku Tokyo, Japan 101-8703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WLADYKA, CLAIRE STREET ADDRESS 177 MADISON AVE. CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVS NAME HAYDEN, JOHN J STREET ADDRESS 177 MADISON AVENUE CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIV NAME KEISUKE, SATO STREET ADDRESS 177 MADISON AVE CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input checked="" type="checkbox"/> Delete		TITLE D/V NAME Kanda, Tetsuro STREET ADDRESS 6, Kanda-Surugadai 3-chome CITY-ST-ZIP Chiyoda-Ku Tokyo, Japan 101-8703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VID NAME PILLA, JAMES A STREET ADDRESS 177 MADISON AVE. CITY-ST-ZIP MORRISTOWN, NJ 079621930	<input type="checkbox"/> Delete		TITLE D/V NAME Pilla, James A. STREET ADDRESS 177 madison Ave. CITY-ST-ZIP Morristown, NJ 07962-1930	<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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JOHN J. HAYDEN 4/21/04 973-898-9582 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		
SENIOR VICE PRESIDENT GENERAL COUNSEL AND SECRETARY					

Attachment PO 7755
24056535

STATE OF FLORIDA
2004 ANNUAL REPORT

THE TOA REINSURANCE COMPANY OF AMERICA
OFFICERS AND DIRECTORS

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	Miyamura, Tamihiko	6, Kanda-Surugadai 3-chome Chiyoda-ku, Tokyo 101-8703, Japan
D	Ohtani, Teruhiko	6, Kanda-Surugadai 3-chome Chiyoda-ku, Tokyo 101-8703, Japan
D	Sugawara, Toshiyuki	6, Kanda-Surugadai 3-chome Chiyoda-ku, Tokyo 101-8703, Japan
D/V	Wallman, Nathaniel B.	177 Madison Avenue, PO Box 1930 Morristown, NJ 07962-1930
V	Royek, Peter A.	177 Madison Avenue, PO Box 1930 Morristown, NJ 07962-1930
V	Van Enk, Sandra K.	177 Madison Avenue, PO Box 1930 Morristown, NJ 07962-1930
V	Wilmot, David E.	401 Bay Street, Suite 2420, PO Box 17 Toronto, Ontario M5H 2Y4, Canada