


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 009 \*\*\*150.00

<b>DOCUMENT # P07755</b>					
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 <i>change ZIP 0300</i>			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 reappointing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO VAN GILDER, GEORGE T 177 MADISON AVE. MORRISTOWN, NJ 079621930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY MORRISTOWN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC YOSHIKOSHI, SHINYA 6 KANDA-SURUGUDAI 3-CHOME TOKYO, JA 101-803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 KANDA - SURUGADAI 3-CHOME ST address		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WLADYKA, CLAIRE 177 MADISON AVE. MORRISTOWN, NJ 079621930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HAYDEN, JOHN J 177 MADISON AVENUE MORRISTOWN, NJ 079621930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KANDA, TETSURO 6 KANDA-SURUGADAI, 3-CHOME TOKYO, JAPAN, 101-803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV KANDA, TETSURO ST address 177 MADISON AVE MORRISTOWN NJ 079621930		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PILLA, JAMES A 177 MADISON AVE. MORRISTOWN, NJ 079621930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John J. Hayden</i>		1/17/06		973-898-9480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

20002442  
#707755

## STATE OF FLORIDA 2006 ANNUAL REPORT

### THE TOA REINSURANCE COMPANY OF AMERICA OFFICERS AND DIRECTORS

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	Fukushima, Hiroshi	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