
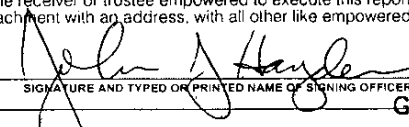


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 046 ***150.00

60010429

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01172007		Chg-P CR2E034 (12/06)	
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 32399-0300 <i>Change zip 0329</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO VAN GILDER, GEORGE T 177 MADISON AVE. MORRISTOWN, FL 079621930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Morrison, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC YOSHIKOSHI, SHINYA 6 KANDA-SURUGADAI 3-CHOME TOKYO, JA 101-803 <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	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 177 MADISON AVE MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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: 		JOHN J. HAYDEN SENIOR VICE PRESIDENT GENERAL COUNSEL AND SECRETARY	
		Date: 1/17/07 Daytime Phone #: 973-898-9582	