

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07755

FILED
Jan 25, 2011
Secretary of State

Entity Name: THE TOA REINSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

177 MADISON AVE
P. O. BOX 1930
MORRISTOWN, NJ 079621930 US

New Principal Place of Business:

Current Mailing Address:

177 MADISON AVE
P. O. BOX 1930
MORRISTOWN, NJ 079621930 US

New Mailing Address:

FEI Number: 13-2918573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990300 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: STANCO, EDWARD J
Address: 177 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 079621930 US

Title: DV
Name: PILLA, JAMES A
Address: 177 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 079621930 US

Title: DCFO
Name: WALLMAN, NATHANIEL B CFO
Address: 177 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 079621930 US

Title: DVS
Name: HAYDEN, JOHN J
Address: 177 MADISON AVENUE
City-St-Zip: MORRISTOWN, NJ 079621930 US

Title: V
Name: KANE, CAROLINE M
Address: 200 KING STREET WEST
City-St-Zip: TORONTO, ON M5H3T4 CN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATHANIEL B. WALLMAN

DCFO

01/25/2011

Electronic Signature of Signing Officer or Director

Date