

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825007

FILED
Feb 02, 2006
Secretary of State

Entity Name: SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

TWO WORLD FINANCIAL CENTER, 43RD FLOOR
225 LIBERTY STREET
NEW YORK, NY 10281

New Principal Place of Business:

Current Mailing Address:

TWO WORLD FINANCIAL CENTER, 43RD FLOOR
225 LIBERTY STREET
NEW YORK, NY 10281

New Mailing Address:

FEI Number: 13-2554270 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 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: MCELROY, JOHN
Address: 368 QUAKER CHURCH ROAD
City-St-Zip: RANDOLPH, NJ 07869 US

Title: VTD () Delete
Name: TAFRO, RICHARD
Address: 562 W. SADDLE RIVER ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07458 US

Title: PDC () Delete
Name: HARAGUCHI, HIDEO
Address: 525 E 72ND ST APT 26E
City-St-Zip: NEW YORK, NY 10021

Title: VD () Delete
Name: KAZUO, IDESHITA
Address: 240 E 39TH ST #36D
City-St-Zip: NEW YORK, NY 10016 US

Title: D () Delete
Name: DONALD, GABAY
Address: 150 EAST 69TH STREET, APT17-F
City-St-Zip: NEW YORK, NY 10021 US

Title: D () Delete
Name: AKIYAMA, TAKEO
Address: ONE BATTERY PARK PLAZA
City-St-Zip: NEW YORK, NY 10004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PDC (X) Change () Addition
Name: HARAGUCHI, HIDEO
Address: 22 SPRAIN VALLEY ROAD
City-St-Zip: SCARSDALE, NY 10583 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. MCELROY

VSD

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date