2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825007

FILED Apr 14, 2009 Secretary of State

Entity Name: SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Current Pri	incipal Place	of Business:	New Princ	New Principal Place of Business:			
TWO WORLD FINANCIAL CENTER, 43RD FLOOR 225 LIBERTY STREET NEW YORK, NY 10281							
Current Mailing Address:			New Maili	New Mailing Address:			
TWO WORLD FINANCIAL CENTER, 43RD FLOOR 225 LIBERTY STREET NEW YORK, NY 10281							
FEI Number: 13-2554270 FEI Number Applied For () FEI Number			FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US							
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:							
	Electroni	c Signature of Registered Agent	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VSD () MCELROY, JOH 368 QUAKER CH RANDOLPH, 0J	HURCH ROAD	Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:	TAFRO, RICHAR 562 W. SADDLE		Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:	PDC () HARAGUCHI, HI 22 SPRAIN VALI SCARSDALE, N	LEY ROAD	Title: Name: Address: City-St-Zip:	TAKAHASHI, TWO WORLI	(X) Change () Addition , MASAMI .D FINANCIAL CENTER, 43RD FL. , NY 10281 US		
Title: Name: Address: City-St-Zip:	VTD () KAZUO, IDESHI 240 E 39TH ST # NEW YORK, NY	# 36D	Title: Name: Address: City-St-Zip:	ı	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () JOHN, CALOTTA 165 EAST 66TH NEW YORK, NY	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () AKIYAMA, TAKE ONE BATTERY I NEW YORK, NY	PARK PLAZA	Title: Name: Address: City-St-Zip:	1	() Change () Addition		
I hereby certify that the information supplied with this filing does not qualify 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							

SIGNATURE: JOHN J. MCELROY SVP 04/14/2009

above, or on an attachment with an address, with all other like empowered.