

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847119 (5)

1. Corporation Name

THE SUMITOMO MARINE AND FIRE INSURANCE COMPANY,
LIMITED



Principal Place of Business

Mailing Address

ONE WORLD TRADE CENTER, SUITE 9035
NEW YORK NY 10048

ONE WORLD TRADE CENTER, SUITE 9035
NEW YORK NY 10048

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/02/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2758523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

DATE Registered Agent Signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME TSUYAMA, HIROSHI
STREET ADDRESS ONE WORLD TRADE CENTER
CITY-STATE-ZIP NY NY

TITLE VD ☐ DELETE
NAME MARTZ, ALFRED G.
STREET ADDRESS 15 INDEPENDENCE BLVD
CITY-STATE-ZIP WARREN NJ

TITLE SVD ☐ DELETE
NAME MATSUDA, TAKASHI
STREET ADDRESS 15 INDEPENDENCE BLVD
CITY-STATE-ZIP WARREN NJ

TITLE TVD ☐ DELETE
NAME HARAOKA, HIROKI
STREET ADDRESS 15 INDEPENDENCE BLVD
CITY-STATE-ZIP WARREN NJ

TITLE D ☐ DELETE
NAME ARIMA, RYOHEI
STREET ADDRESS 27-2 SHINKAWA 2 CHOME
CITY-STATE-ZIP CHUO-KU, TOKYO JAPAN

TITLE D ☐ DELETE
NAME NISHIYAMA, YUJI
STREET ADDRESS 27-2 SHINKAWA 2-CHOME
CITY-STATE-ZIP CHOU-KU TO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME Henckler, F. Regis, Jr.
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME Ueda, Masami
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Masami Ueda 1/26/96 (908) 604-2903

SG-5-1-96

CR2E034 (12/95)