

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # 847119 (5)  
1. Corporation Name  
THE SUMITOMO MARINE AND FIRE INSURANCE COMPANY,  
LIMITED

Principal Place of Business  
ONE WORLD TRADE CENTER, SUITE 9035  
NEW YORK NY 10048

Mailing Address  
ONE WORLD TRADE CENTER, SUITE 9035  
NEW YORK NY 10048

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 13-2758523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	TSUYAMA, HIROSHI	
STREET ADDRESS	ONE WORLD TRADE CENTER	
CITY-ST-ZIP	NY NY	
TITLE	VD	DELETE
NAME	HENCKLER, REGIS F JR.	
STREET ADDRESS	15 INDEPENDENCE BLVD	
CITY-ST-ZIP	WARREN NJ	
TITLE	SVD	DELETE
NAME	UEDA, MASAMI	
STREET ADDRESS	15 INDEPENDENCE BLVD	
CITY-ST-ZIP	WARREN NJ	
TITLE	TVD	DELETE
NAME	KARAOKA, HIROKI	
STREET ADDRESS	15 INDEPENDENCE BLVD	
CITY-ST-ZIP	WARREN NJ	
TITLE	D	DELETE
NAME	ARIMA, RYOHEI	
STREET ADDRESS	27-2 SHINKAWA 2 CHOME	
CITY-ST-ZIP	CHUO-KU, TOKYO JAPAN	
TITLE	D	DELETE
NAME	NISHIYAMA, YUJI	
STREET ADDRESS	27-2 SHINKAWA 2-CHOME	
CITY-ST-ZIP	CHOU-KU TO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	ARIMA, RYOHEI		
1.3 STREET ADDRESS	ONE WORLD TRADE CENTER		
1.4 CITY-ST-ZIP	NY NY 10048		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TVD	Change	Addition
4.2 NAME	UEDA, MASAMI		
4.3 STREET ADDRESS	SAME		
4.4 CITY-ST-ZIP	SAME		
5.1 TITLE	D	Change	Addition
5.2 NAME	JOHN McALEY		
5.3 STREET ADDRESS	15 INDEPENDENCE BLVD		
5.4 CITY-ST-ZIP	WARREN NJ 07054		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

CR2E034 (4/97)