

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90019 038 ***150.00

DOCUMENT # 847119

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

4. FEI Number

13-2758523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 4602

Suite, Apt. #, etc.

27 City & State

28 WARREN NJ

Zip

29 07059

Country

30 SOMERSET

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P. RYOHEI, ARIMA ☐ DELETE

NAME RYOHEI, ARIMA
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 STVD ☐ DELETE

NAME UEDA, MASAMI
STREET ADDRESS 15 INDEPENDENCE BLVD
CITY-ST-ZIP WARREN NJ

TITLE D ☐ DELETE

NAME MCAULEY, JOHN
STREET ADDRESS 15 INDEPENDENCE BLVD
CITY-ST-ZIP WARREN NJ

TITLE D ☒ DELETE

NAME NISHIYAMA, YUJI
STREET ADDRESS 27-2 SHINKAWA 2-CHOME
CITY-ST-ZIP CHOU-KU TO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition

1.2 NAME K YOHIOA
1.3 STREET ADDRESS ONE WORLD TRADE CENTER
1.4 CITY-ST-ZIP NY NY

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME O. MEGAN
2.3 STREET ADDRESS SAME
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 ☒ Change ☐ Addition

4.2 NAME ROBERT MILLER
4.3 STREET ADDRESS SAME
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~ MASAMI UEDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

CR2E034 (11/98)

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