

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90098 047 ***150.00

DOCUMENT # 847119

1. Entity Name
**THE SUMITOMO MARINE AND FIRE INSURANCE COMPANY,
OF AMERICA**



Principal Place of Business
**33 WHITEHALL STREET
26TH FLOOR
NEW YORK NY 10004-3614
US**

Mailing Address
**P.O. BOX 4602
WARREN NJ 07059**

2. Principal Place of Business
15 INDEPENDENCE BLVD
Suite, Apt. #, etc.

3. Mailing Address
15 INDEPENDENCE BLVD
Suite, Apt. #, etc.

City & State
WARREN, NJ

City & State
WARREN, NJ

4. FEI Number **22-3818012**

Applied For
Not Applicable

Zip
07059

Country
USA

Zip
07059

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **YOSHIDA, KOJI**
STREET ADDRESS **33 WHITEHALL STREET, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10004-3614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STANHOPE, LEE J**
STREET ADDRESS **15 INDEPENDENCE BLVD**
CITY-ST-ZIP **WARREN NJ 07059-0602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **MASAHICO, ANDO**
STREET ADDRESS **15 INDEPENDENCE BLVD**
CITY-ST-ZIP **WARREN NJ 07059**

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **SAITO, HISATOSHI**
STREET ADDRESS **15 INDEPENDENCE BLVD**
CITY-ST-ZIP **WARREN, NJ 07059**

TITLE **VD** ☐ Delete
NAME **MILLER, ROBERT**
STREET ADDRESS **15 INDEPENDENCE BLVD**
CITY-ST-ZIP **WARREN NJ 07059**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **VOPELIUS, WILLIAM A**
STREET ADDRESS **15 INDEPENDENCE BLVD.**
CITY-ST-ZIP **WARREN NJ 07057-0602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **FARRELL, JOSEPH L**
STREET ADDRESS **15 INDEPENDENCE BLVD.**
CITY-ST-ZIP **WARREN NJ 07059-0602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/03 (908) 647-8912

CR2E034 (10/02)