

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002048

FILED
Jul 06, 2011
Secretary of State

Entity Name: MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

15 INDEPENDENCE BLVD.
WARREN, NJ 07059 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4602
WARREN, NJ 07059 US

New Mailing Address:

FEI Number: 22-3818012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER,
CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 323140330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KUMAGAI, MAKI
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: COOD
Name: GARY, GARCIA R
Address: 15 INDEPENDENCE BOULEVARD
City-St-Zip: WARREN, NJ 07059 US

Title: VD
Name: MILLER, ROBERT B
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: TVD
Name: FARRELL, JOSEPH L
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: STVD
Name: KOBAYASHI, KAZUMASA
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: AS
Name: BLACK, PAMELA D
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

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

SIGNATURE: PAMELA D. BLACK

AS

07/06/2011

Electronic Signature of Signing Officer or Director

Date