


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 047 ***150.00

DOCUMENT # P26683
 1. Entity Name
SOMPO JAPAN FIRE & MARINE INSURANCE COMPANY OF AMERICA



Principal Place of Business: 225 LIBERTY ST. 43RD FLOOR, NEW YORK NY 10281, US
 Mailing Address: 225 LIBERTY ST. 43RD FLOOR, 21 FL, NEW YORK NY 10281, US



2. Principal Place of Business Suite. Apt. #, etc.
 3. Mailing Address Suite. Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **02-0537812**
 Applied For: Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE FL 32399-0000

7. Name and Address of New Registered Agent
 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: *Seiya Tsuruta*
 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, 2006 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARAGUCHI, HIDEO	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	
TITLE	DO	<input checked="" type="checkbox"/> Delete
NAME	HANAZAWA, TOSHIYUKI	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SHIKADA, KOJI	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	IDESHITA, KAZUO	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TORII, TAKAHISA	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KITAGAWA, EIICHI	
STREET ADDRESS	225 LIBERTY ST 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10281	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIRI ABEA	
STREET ADDRESS	225 LIBERTY ST., 43RD FLOOR	
CITY-ST-ZIP	NEW YORK, N.Y 10281	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIYA TSURUTA	
STREET ADDRESS	225 LIBERTY ST., 43RD FLOOR	
CITY-ST-ZIP	NEW YORK, N.Y 10281	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Seiya Tsuruta* 1/25/06 (212) 416-1463
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #