


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90016 042 \*\*\*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**

**60004883**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**225 LIBERTY ST. 43<sup>RD</sup> FLOOR**  
 Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State  
**NEW YORK, N.Y.**

City & State  
**NEW YORK, N.Y.**

Zip  
**10281**

Country  
**US**

4. FEI Number  
**02-0537812**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARAGUCHI, HIDEO 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO AEBA, RIRI 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TSURUTA, SEIYA 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD IDESHITA, KAZUO 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORII, TAKAHISA 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KITAGAWA, EIICHI 225 LIBERTY ST 43RD FLOOR NEW YORK, NY 10281 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD UEDA, MUNENAGA 225 LIBERTY ST. 43 <sup>RD</sup> FLOOR NEW YORK, N.Y. 10281 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/21/07** (212) 416-1463  
 Debiting Phone #