

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90111 029 ***550.00

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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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **13-2791458-02-0537812**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME D MATSUNO, TAKASHI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9-5, 2CHOME, KITA-AOYAMA	
CITY-ST-ZIP MINATO-KU, TOKYO, JAPAN	
TITLE NAME PD SHIBATA, MASAO	<input type="checkbox"/> Delete
STREET ADDRESS 225 LIBERTY ST., 43RD FLOOR	
CITY-ST-ZIP NEW YORK NY 10281	
TITLE NAME VST SHIKADA, KOJI	<input type="checkbox"/> Delete
STREET ADDRESS 565 FIFTH AVENUE, 21ST FLOOR	
CITY-ST-ZIP NEW YORK NY	
TITLE NAME D INAKOSHI, TADAMICHI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9-5, 2-CHOMO, KITA-AOYAMA	
CITY-ST-ZIP MINATO-KU, TOKYO, JAPAN	
TITLE NAME O MORII, TOSHIYUKI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7000 CENTRAL PARKWAY	
CITY-ST-ZIP ATLANTA GA	
TITLE NAME O YAJIMA, YOSHINAO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1001 BAYHILL DRIVE	
CITY-ST-ZIP SAN BRUNO CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD YONIZUKA, TATSUHIKO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP NY, NY 10281	
TITLE NAME DO SHIBATA, MASAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP NY, NY 10281	
TITLE NAME VSD SHIKADA, KOJI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP N.Y., NY 10281	
TITLE NAME VTD NAKAZAWA, KAZUYUKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP N.Y., N.Y. 10281	
TITLE NAME YD KUNIZUKA, SHUICHIRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP NY, NY 10281	
TITLE NAME VD YAMAMOTO, SEIJI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 225 LIBERTY ST., 43RD FL.	
CITY-ST-ZIP NY, NY 10281	

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 Koji SHIKADA 8/11/03 212-416-1463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)