

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825007

Entity Name: SOMPO AMERICA INSURANCE COMPANY**Current Principal Place of Business:**1221 AVENUE OF THE AMERICAS
19TH FLOOR
NEW YORK, NY 10020**Current Mailing Address:**11405 NORTH COMMUNITY HOUSE ROAD
SUITE 600
CHARLOTTE, NC 28277**FEI Number:** 13-2554270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	CHANG, MICHAEL
Address	1221 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	SECRETARY
Name	LURIE, DANIEL S.
Address	4 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

Title	TREASURER
Name	WESTERVELT, KEVIN
Address	11405 NORTH COMMUNITY HOUSE ROAD SUITE 600
City-State-Zip:	CHARLOTTE NC 28277

Title	DIRECTOR
Name	KUHN, JOHN A.
Address	100 PITTS BAY ROAD
City-State-Zip:	PEMBROKE BERMUDA HM08

Title	DIRECTOR
Name	GOSHEN, BRIAN W.
Address	3780 MANSELL ROAD 4TH FLOOR
City-State-Zip:	ALPHARETTA GA 30022

Title	DIRECTOR
Name	CHANG, MICHAEL
Address	1221 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	DIRECTOR
Name	MCGUIRE, MICHAEL J.
Address	100 PITTS BAY ROAD
City-State-Zip:	PEMBROKE BERMUDA HM08

Title	DIRECTOR
Name	DEL COL, JOHN V.
Address	100 PITTS BAY ROAD
City-State-Zip:	PEMBROKE BERMUDA HM08

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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: DANIEL S. LURIE**SECRETARY****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPARRO, CHRISTOPHER L.
Address 1221 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10577

Title DIRECTOR
Name GALLAGHER, CHRISTOPHER B.
Address 100 PITTS BAY ROAD
City-State-Zip: PEMBROKE BERMUDA HM08