

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 825007

Entity Name: SOMPO AMERICA INSURANCE COMPANY

FILED
Jun 29, 2020
Secretary of State
8550579364CC

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 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

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

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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

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WATSON, GAVIN S.
Address 4 MANHATTANVILLE ROAD
City-State-Zip: PURCHASE NY 10577