

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002048

**Entity Name:** MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**15 INDEPENDENCE BLVD.  
WARREN, NJ 07059**Current Mailing Address:**P.O. BOX 4602  
WARREN, NJ 07059 US**FEI Number:** 22-3818012**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSURANCE COMMISSIONER,  
CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32314-0330 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	PD
Name	ONOUCHI, KURAO
Address	15 INDEPENDENCE BLVD.
City-State-Zip:	WARREN NJ 07059

Title	COOD
Name	HAARMANN, CHRISTOPHER
Address	15 INDEPENDENCE BOULEVARD
City-State-Zip:	WARREN NJ 07059

Title	VD
Name	LESKAUSKAS, DAVID R
Address	15 INDEPENDENCE BLVD.
City-State-Zip:	WARREN NJ 07059

Title	TVD
Name	FARRELL, JOSEPH L
Address	15 INDEPENDENCE BLVD.
City-State-Zip:	WARREN NJ 07059

Title	STVD
Name	TASY, STEPHEN P
Address	15 INDEPENDENCE BLVD.
City-State-Zip:	WARREN NJ 07059

Title	AS
Name	BLACK, PAMELA D
Address	15 INDEPENDENCE BLVD.
City-State-Zip:	WARREN NJ 07059

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:** PAMELA D. BLACK**ASST. CORP.  
SECRETARY****04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date