

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004761

Entity Name: SOMPO JAPAN CANOPIUS REINSURANCE AG CORP.

Current Principal Place of Business:

140 BROADWAY SUITE 2210
NEW YORK, NY 10005

Current Mailing Address:

140 BROADWAY SUITE 2210
NEW YORK, FL 10005 US

FEI Number: 30-0693141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 D
Name BROOME, DAVID M
Address SW FRANKSON BRIDGE HOUSE
STATION RD
City-State-Zip: HAYES MIDDLESEX UK

Title D
Name KUNZLE, HANS
Address 8005 ZURICH
City-State-Zip: OTTOSTRASSE 7 SWITZERLAND

Title CEO
Name EUGSTER, MARKUS A
Address FREIGUTSTRASSE 16
City-State-Zip: 8002 ZURICH AL

Title D
Name SAITO, MASAHIKO
Address 26-1 NISHI-SHINJUKU 1 CHOME
SHINJUKU-KU
City-State-Zip: TOKYO 160-8338 JAPAN

Title D
Name WATSON, MICHAEL C
Address GALLERY 9 ONE LIME STREET
City-State-Zip: LONDON EC3M 7HA

Title D
Name FRUDD, NIGEL
Address 1ST FLOOR 36 56 DEVONSHIRE
SWUARE LONDON
City-State-Zip: EC2M 4YE UK

Title CFO
Name SCHUMACHER, PATRICK D
Address FREIGUTSTRASSE 16
CH 8002
City-State-Zip: ZURICH

Title COO
Name DE FLUTIER, SYLVA
Address FREIGUTSTRASSE 16
CH 8002
City-State-Zip: ZURICH

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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: MARIANA O'CONNELL

SECRETARY

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title H
Name ABE, YOSHITAKA
Address FREIGUTSTRASSE 16
CH 8002
City-State-Zip: ZURICH

Title SECRETARY
Name O'CONNELL, MARIANA
Address GALLERY 9, ONE LIME STREET
City-State-Zip: LONDON ENGLAND

Title CUO
Name WAKELING, JAMIE
Address GALLERY 9, ONE LIME STREET
City-State-Zip: LONDON ENGLAND