## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P22505

Entity Name: MITSUI SUMITOMO INSURANCE USA INC.

FILED Jan 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15 INDEPENDENCE BLVD WARREN, NJ 07059 **Current Mailing Address: New Mailing Address:** 15 INDEPENDENCE BLVD P.O. BOX 4602 WARREN, NJ 07059 WARREN, NJ 07059 US FEI Number: 13-3467153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KIHARA, TETSURO Name: Name: 15 INDEPENDENCE BLVD. Address: Address: City-St-Zip: WARREN, NJ 07059 US City-St-Zip: **EVPD** Title: Title: () Delete **EVPD** (X) Change ( ) Addition Name: HITCH, ROBERT L Name: HITCH ROBERT L 312 ELM STREET, SUITE 1250 15 INDEPENDENCE BLVD. Address: Address: CINCINNATI, OH 45202 US City-St-Zip: City-St-Zip: WARREN, NJ 07059 US Title: SVPD () Delete Title: () Change () Addition MILLER, ROBERT B Name: Name: 15 INDEPENDENCE BLVD. Address: Address: WARREN, NJ 07059 US City-St-Zip: City-St-Zip: Title: CFOD () Delete Title: () Change () Addition FARRELL, JOSEPH L Name: Name: Address: 15 INDEPENDENCE BLVD Address: City-St-Zip: WARREN, NJ 07059 US City-St-Zip: Title: VPST Title: () Delete **VSTD** (X) Change ( ) Addition KOIKE, YOSHIKAZU Name: KOIKE, YOSHIKAZU Name: 15 INDEPENDENCE BLVD Address: 15 INDEPENDENCE BLVD Address: City-St-Zip: WARREN, NJ 07059 US City-St-Zip: WARREN, NJ 07059 US Title: () Delete Title: () Change () Addition KOGAMI, YOSHIHIRO Name: Name: 312 ELM STREET, SUITE 1250 Address: Address: City-St-Zip: City-St-Zip: CINCINNATI, OH 45202 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. CURTIS, JR. AS 01/26/2006