

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22505

FILED
Jan 13, 2010
Secretary of State

Entity Name: MITSUI SUMITOMO INSURANCE USA INC.

Current Principal Place of Business:

15 INDEPENDENCE BLVD.
WARREN, NJ 07059 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4602
WARREN, NJ 07059 US

New Mailing Address:

FEI Number: 13-3467153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: KIHARA, TETSURO
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: COOD
Name: GARCIA, GARY R
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

Title: VD
Name: MILLER, ROBERT B
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

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

Title: STVD
Name: TAKATOI, TAKESHI
Address: 15 INDEPENDENCE BLVD
City-St-Zip: WARREN, NJ 07059 US

Title: AS
Name: CURTIS, JR, WILLIAM J
Address: 15 INDEPENDENCE BLVD.
City-St-Zip: WARREN, NJ 07059 US

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: WILLIAM J CURTIS JR

AS

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date