

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22505

**Entity Name:** MITSUI SUMITOMO INSURANCE USA INC.

**Current Principal Place of Business:**

15 INDEPENDENCE BLVD.  
WARREN, NJ 07059

**Current Mailing Address:**

P.O. BOX 4602  
WARREN, NJ 07059 US

**FEI Number: 13-3467153**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. 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 PD  
Name KUMAGAI, MAKI  
Address 15 INDEPENDENCE BLVD.  
City-State-Zip: WARREN NJ 07059

Title COOD  
Name GARCIA, GARY R  
Address 15 INDEPENDENCE BLVD.  
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 KOBAYASHI, KAZUMASA  
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 SECRETARY**

**05/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date