## 2015 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 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: JOSEPH FARRELL 01/23/2015

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2015

**Secretary of State** 

CC3347056369

Officer/Director Detail:

Title PD Title COOD

NameKAWATE, TAMAKINameHAARMANN, CHRISTOPHERAddress15 INDEPENDENCE BLVD.Address15 INDEPENDENCE BLVD.

City-State-Zip: WARREN NJ 07059 City-State-Zip: WARREN NJ 07059

Title VD Title TVD

NameLESKAUSKAS, DAVID RNameFARRELL, JOSEPH LAddress15 INDEPENDENCE BLVD.Address15 INDEPENDENCE BLVDCity-State-Zip:WARREN NJ 07059City-State-Zip:WARREN NJ 07059

Title STVD Title AS

Name TASY, STEPHEN P Name BLACK, PAMELA D

Address 15 INDEPENDENCE BLVD Address 15 INDEPENDENCE BLVD.

City-State-Zip: WARREN NJ 07059 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

ASSISTANT CORP SECRETARY 01/23/2015