

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90015 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P22505 ✓ (2)

1. Corporation Name
 MITSUI MARINE AND FIRE INSURANCE COMPANY OF AMERICA

Principal Place of Business 33 WHITEHALL STREET NEW YORK NY 10004	Mailing Address
---	-----------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12-31-1988	4. FEI Number 13-3467153	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITOL BLDG
 TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	TOMEDA, AKIRA
STREET ADDRESS	33 WHITEHALL STREET 26TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	VD <input type="checkbox"/> DELETE
NAME	AMATO, VALERIE
STREET ADDRESS	33 WHITEHALL STREET 26TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	DOME, LEONARD S
STREET ADDRESS	33 WHITEHALL STREET 26TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	VD <input type="checkbox"/> DELETE
NAME	SAITO, HISAYOSHI
STREET ADDRESS	33 WHITEHALL STREET 26TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	VDS <input type="checkbox"/> DELETE
NAME	STEIN, CHARLES
STREET ADDRESS	33 WHITEHALL STREET 26TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VALERIE A AMATO 5-20-99 (212)-180-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)