

1.) CORPORATION NAME:

DUE DATE: **11/30/2010**

**Sompo Japan Insurance Company of America**

SCC ID NO: **F0374860**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 LIBERTY ST, 43RD FLOOR

CITY/ST/ZIP: NEW YORK, NY 10281-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MASAMI TAKAHASHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIR		
ADDRESS:	225 LIBERTY ST, 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10281-		
NAME:	CLARK JACKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/DIR		
ADDRESS:	14640 JOCKEY'S RIDGE DR		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28227-		
NAME:	HIROHIKO MORISAKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	225 LIBERTY ST, 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10281-		
NAME:	JOHN CALOTTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	225 LIBERTY ST, 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10281-		
NAME:	KEITA HASHIBA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	225 LIBERTY ST, 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10281-		

NAME: TAKEO AKIYAMA TITLE: DIRECTOR ADDRESS: C/O PILLSBURY WINTHROP 1540 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN DELACH TITLE: DIRECTOR ADDRESS: 27 ROGER DRIVE CITY/ST/ZIP/CO: PORT WASHINGTON, NY 11050-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HARRY S. KEEFE TITLE: DIRECTOR ADDRESS: 147 FERNWOOD TERRACE CITY/ST/ZIP/CO: STEWART MANOR, NY 11530-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J. DAVID MCDONALD TITLE: DIRECTOR ADDRESS: 4825 CAMBRIDGE CRESCENT DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28226-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALAN SAMUELS TITLE: DIRECTOR ADDRESS: 43 DUCHESS BOULEVARD CITY/ST/ZIP/CO: ATLANTIC BEACH, NY 11509-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD TAFRO TITLE: DIRECTOR ADDRESS: 562 WEST SADDLE RIVER RD CITY/ST/ZIP/CO: UPPER SADDLE RIVER, NJ 07458-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TOSHIYUKI HANAZAWA TITLE: DIRECTOR ADDRESS: 225 LIBERTY STREET, 43RD FL CITY/ST/ZIP/CO: NEW YORK, NY 10281-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN JAMES MCELROY TITLE: SVP/DIR ADDRESS: 368 QUAKER CHURCH RD CITY/ST/ZIP/CO: RANDOLPH, NJ 07889-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ JOHN JAMES MCELROY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN JAMES MCELROY, SVP/DIR</u> PRINTED NAME AND CORPORATE TITLE	<u>11/10/2010</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		