

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:31

DOCUMENT # **P22505** (2)

1. Corporation Name

TAISHO MARINE AND FIRE INSURANCE COMPANY OF AMERICA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

33 WHITEHALL STREET
NEW YORK NY 10004

33 WHITEHALL STREET
NEW YORK NY 10004

3. Date Incorporated or Qualified **12/31/1988** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3467153

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **YABE, NOBUAKI**
STREET ADDRESS **33 WHITEHALL STREET, 26TH FLOOR**
CITY- ST- ZIP **NEW YORK NY**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **D**
NAME **AMATO, VALERIE A**
STREET ADDRESS **33 WHITEHALL STREET**
CITY- ST- ZIP **NEW YORK NY**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **D**
NAME **DOMI, LEONARD S.**
STREET ADDRESS **33 WHITEHALL STREET**
CITY- ST- ZIP **NEW YORK NY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **VD**
NAME **IWASE, MITSURU**
STREET ADDRESS **33 WHITEHALL STREET**
CITY- ST- ZIP **NEW YORK NY**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **S**
NAME **STEIN, CHARLES**
STREET ADDRESS **33 WHITEHALL ST.**
CITY- ST- ZIP **NEW YORK NY**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as a replacement with an address.

SIGNATURE:

CHARLES A. STEIN

1/11/95

(212)480-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number