

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:02**

**DOCUMENT # 248504 (3)**

1. Corporation Name  
**AMERICAN MARINE UNDERWRITERS, INC.**

Principal Place of Business Mailing Address  
**3320 N. WEST 53RD ST SUITE 204 FORT LAUDERDALE FL 33309-6384**  
**P.O. BOX 8017 WAUSAU WI 54402-8017 US**

DO NOT WRITE IN THIS SPACE.

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>05/17/1961</b>   |  | 3a. Date of Last Report<br><b>05/01/1994</b> |  |
| 4. FEI Number<br><b>59-1031596</b>   |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required        |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |            |  |   |  |            |  |
|---|--|------------|--|---|--|------------|--|
| 2. Principal Place of Business  |  |            |  | 2a. Mailing Address                                   |  |            |  |
| 21 Suite, Apt. #, etc.  |  |            |  | 26 Suite, Apt. #, etc.                                |  |            |  |
| 22 City & State   |  |            |  | 27 City & State                                       |  |            |  |
| 23 Zip  |  | 25 Country |  | 29 Zip  |  | 30 Country |  |
| 9. Name and Address of Current Registered Agent                                   |  |            |  | 10. Name and Address of New Registered Agent          |  |            |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |            |  | 81 Name   |  |            |  |
|   |  |            |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |            |  |
|   |  |            |  | 83  |  |            |  |
|   |  |            |  | 84 City   |  | <b>FL</b>  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | <b>AS</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOROSCHAK, DONNA R</b>  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DRIVE</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>PD</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAVIS, D.E.</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DR.</b>   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>CD</b>                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCFERSON, D.R.</b>      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DR.</b>   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b>                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BYRON, R.J.</b>         | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DR.</b>   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>T</b>                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SANFORD, WILLARD C.</b> | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DR.</b>   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VD</b>                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HAGGERTY, D.M.</b>      | 6.2 NAME  |   |
| STREET ADDRESS             | <b>2000 WESTWOOD DR.</b>   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WAUSAU WI</b>           | 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 110.07(3)(b), 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.

SIGNATURE: *W.C. Sanford* **W.C. Sanford - Treasurer** 4-5-95 (715)845-5211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Name #)

248509

AMERICAN MARINE UNDERWRITERS INC  
LIST OF OFFICERS & DIRECTORS

| TITLE           | NAME           | ADDRESS                                  |
|-----------------|----------------|--|
| CHAIRMAN/CEO    | D.R. MCFERSON  | ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216 |
| VICE CHAIRMAN   | G.R. BARNES    | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| PRESIDENT       | D.E. DAVIS     | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| EXEC. VP & COO  | D.M. HAGGERTY  | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| VICE PRESIDENT  | S.R. ISAACSON  | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| VICE PRESIDENT  | D.C. ROBINETTE | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| SECRETARY       | R.J. BYRON     | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| TREASURER       | W.C. SANFORD   | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| ASST. SECRETARY | D.W. CLICK     | ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216 |
| ASST. SECRETARY | D.R. HOROSCHAK | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| DIRECTOR        | G.R. BARNES    | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| DIRECTOR        | D.E. DAVIS     | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| DIRECTOR        | D.M. HAGGERTY  | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| DIRECTOR        | S.R. ISAACSON  | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |
| DIRECTOR        | D.R. MCFERSON  | ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216 |
| DIRECTOR        | D.C. ROBINETTE | 2000 WESTWOOD DRIVE, WAUSAU, WI 54401    |