

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **248504** (3)

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



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

3. Date Incorporated or Qualified: **06/17/1961**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-1031596**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AS NAME: HOROSCHAK, DONNA R STREET ADDRESS: 2000 WESTWOOD DRIVE CITY-ST-ZIP: WAUSAU WI	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DAVIS, D.E. STREET ADDRESS: 2000 WESTWOOD DR. CITY-ST-ZIP: WAUSAU WI	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: MCFERSON, D.R. STREET ADDRESS: 2000 WESTWOOD DR. CITY-ST-ZIP: WAUSAU WI	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: BYRON, R.J. STREET ADDRESS: 2000 WESTWOOD DR. CITY-ST-ZIP: WAUSAU WI	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VP/AGC/S 4.2 NAME: J.S. HOFFERT 4.3 STREET ADDRESS: 2000 WESTWOOD DR 4.4 CITY-ST-ZIP: WAUSAU WI 54401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: SANFORD, WILLARD C. STREET ADDRESS: 2000 WESTWOOD DR. CITY-ST-ZIP: WAUSAU WI	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: T 5.2 NAME: J.S. TORRENS 5.3 STREET ADDRESS: 2000 WESTWOOD DR 5.4 CITY-ST-ZIP: WAUSAU WI 54401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: HAGGERTY, D.M. STREET ADDRESS: 2000 WESTWOOD DR. CITY-ST-ZIP: WAUSAU WI	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *J.S. Torrens* J.S. TORRENS 4-16-96 (715) 845-5211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)

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AMERICAN MARINE UNDERWRITERS INC  
LIST OF OFFICERS & DIRECTORS

TITLE	NAME	ADDRESS
CHAIRMAN/CEO	D.R. MCFERSON	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
PRESIDENT & 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
EXEC. VICE PRES	G.E. MCCUTCHAN	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
EXEC VP & CFO	R.A. OAKLEY	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
SR VP & GEN COUNSEL	W.S. DRUEN	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
VP/ASSOC GEN COUNSEL/SEC	J.S. HOFFERT	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
TREASURER	J.S. TORRENS	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
ASST. SECRETARY	W.C. OLAFSSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. TREASURER	V.E. AMUNDSON	2000 WESTWOOD DRIVE, WAUSAU, WI 54401
ASST. TREASURER	M.A. FOLK	ONE NATIONWIDE PLAZA, COLUMBUS, OH 43216
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