

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/17/1961	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number 59-1031596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

14. I do 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 as an attachment with an address.

SIGNATURE: John S. Torrens **JOHN S. TORRENS** 4/14/97 (715) 845-5211
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)

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