


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 046 ***150.00

DOCUMENT # 248504
 1. Entity Name
AMERICAN MARINE UNDERWRITERS, INC.



Principal Place of Business
**3320 N. WEST 53RD ST
 SUITE 204
 FORT LAUDERDALE, FL 33309-6384**

Mailing Address
**ONE NATIONWIDE PLAZA
~~1-26-05-~~
 COLUMBUS, OH 43215-2220 US**

33010600



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
Roger Craig, 1-35-05

City & State
 City & State

Zip Country Zip Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1031596

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGGD- BARNES, GALEN R ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHN, DAVID R ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD JONES, JOHN H JR. ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MILLER, MICHAEL D ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton, Kelly A. One Nationwide Plaza Columbus, Ohio 43215-2220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD- ROBINETTE, DOUGLAS C ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF <input checked="" type="checkbox"/> Delete OAKLEY, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenstein, J. Lynn One Nationwide Plaza Columbus, Ohio 43215-2220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn W. Soden **01-15-04** **(614) 249-7111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Glenn W. Soden, Associate Vice President & Secretary