

**ANNUAL REPORT
1995**



**Sandra B. Morison
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:42**

DOCUMENT # 853935 (5)

**1. Corporation Name
THE NIPPON FIRE & MARINE INSURANCE COMPANY LTD.,
U.S. BRANCH**

**Principal Place of Business Mailing Address
80 JOHN ST. 80 JOHN ST.
NEW YORK NY 10038-2606 NEW YORK NY 10038-2606**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 09/30/1982
3a. Date of Last Report 04/05/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		98-0032627		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				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 _____ Signature of the registered agent and the filer (applicant) **(NOTE: Registered Agent Signature required when registering)** _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, PETER N	1.2 NAME	
STREET ADDRESS	114 SQUIRES GLENN	1.3 STREET ADDRESS	
CITY ST ZIP	MADISON CT	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDI, LOUIS A.	2.2 NAME	
STREET ADDRESS	52 MANOMET AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	NORTH HAVEN CT	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, CHARLES M.	3.2 NAME	Cohn, Robert S.
STREET ADDRESS	15 CEDAR HILL ROAD	3.3 STREET ADDRESS	35 Ferry Lane
CITY ST ZIP	WEST SIMSBURY CT	3.4 CITY ST ZIP	South Windsor, CT 06095
TITLE	VCD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCO, JOSEPH	4.2 NAME	DeLucco, Joseph
STREET ADDRESS	1182 NO MAIN STR	4.3 STREET ADDRESS	1182 N. Main Street
CITY ST ZIP	W HARTFORD CT	4.4 CITY ST ZIP	West Hartford, CT 06117
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, GEORGE A	5.2 NAME	
STREET ADDRESS	82 CRESTVIEW DR	5.3 STREET ADDRESS	
CITY ST ZIP	NEWINGTON CT	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILAURENZIO, JOHN D	6.2 NAME	
STREET ADDRESS	599 SO QUAKER LN	6.3 STREET ADDRESS	
CITY ST ZIP	W HARTFORD CT	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 applicable, or as an attachment with an address.

SIGNATURE: **3/13/95 (203) 954-3306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.

853935

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE - CORPORATION ANNUAL REPORT
THE NIPPON FIRE & MARINE INSURANCE COMPANY, LTD., U.S. BRANCH

OFFICERS/DIRECTORS - THE TRAVELERS MARINE CORPORATION, U.S. MANAGER

D
Clarke, Charles J.
57 Sulky Lane
Glastonbury, CT 06033

S
Eddy, Paul H.
43 West Hill Drive
West Hartford, CT 06119

D
Gibson, Lisa P.
118 Alger Road
East Haddam, CT 06423

D
Lacedonia, Mark D.
16 North Drive
Simsbury, CT 06070

D
Reichardt, John J.
137 Trinity Avenue
Glastonbury, CT 06033

T
White, William H.
8 Woodchuck Hill Road
Canton, CT 06019

D
Woodworth, David E.
6 Maplewood Road
Farmington, CT 06032