

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

1-3

PROFIT CORPORATION ANNUAL REPORT 1996



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

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.  
NEW YORK NY 10038-2806

80 JOHN ST.  
NEW YORK NY 10038-2806

3. Date Incorporated or Qualified **08/30/1982** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21 **14 Wall Street**

26 **One Tower Square**

4. FEI Number **98-0032627** Applied For Not Applicable

22 **12th Floor**

Suite, Apt. #, etc.

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

23 **New York, NY**

27  
City & State **Hartford, CT**

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

24 **10005**

25 **US**

29 **06183**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HIGGINS, PETER N</b>	
STREET ADDRESS	<b>114 SQUIRES GLENN</b>	
CITY-ST-ZIP	<b>MADISON CT</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VERDI, LOUIS A.</b>	
STREET ADDRESS	<b>52 MANOMET AVENUE</b>	
CITY-ST-ZIP	<b>NORTH HAVEN CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COHN, ROBERT S</b>	
STREET ADDRESS	<b>35 FERRY LANE</b>	
CITY-ST-ZIP	<b>SOUTH WINDSOR CT</b>	
TITLE	<b>VOD</b>	<input type="checkbox"/> DELETE
NAME	<b>DELUCCO, JOSEPH</b>	
STREET ADDRESS	<b>1182 N MAIN STREET</b>	
CITY-ST-ZIP	<b>W HARTFORD CT</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, GEORGE A</b>	
STREET ADDRESS	<b>62 CRESTVIEW DR</b>	
CITY-ST-ZIP	<b>NEWINGTON CT</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DILAURENZIO, JOHN D</b>	
STREET ADDRESS	<b>599 SO QUAKER LN</b>	
CITY-ST-ZIP	<b>W HARTFORD CT</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Ryan, George A</b>
53 STREET ADDRESS	<b>148 Wood Pond Road</b>
54 CITY-ST-ZIP	<b>Farmington, CT</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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**-04/22/96--01046--039**  
**\*\*\*200.00**

**4-21-96**

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 if changed, or on an attachment with an address.

SIGNATURE:

*Paul H. Saddy*

4/15/1996 (860) 277-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

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

V/O

Privitera, Paul S.  
606 Ridge Road  
Wethersfield, CT 06109

D

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

T

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

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

V/O

Wigglesworth, Darlene G.  
17 Downing Circle  
Bloomfield, CT 06002

D

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