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**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra P. 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  
**14 WALL STREET  
12TH FLOOR  
NEW YORK NY 10005**

Mailing Address  
**ONE TOWER SQUARE  
HARTFORD CT 06183-0001**

3. Date Incorporated or Qualified **08/30/1982** 3a. Date of Last Report **04/21/1996**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number <b>98-0032627</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

**9. Name and Address of Current Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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>EDDY, PAUL H</b>	
STREET ADDRESS	<b>43 WEST HILL DRIVE</b>	
CITY-ST-ZIP	<b>WEST HARTFORD CT 06119</b>	
TITLE	<b>VOD</b>	<input checked="" 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>148 WOOD POND ROAD</b>	
CITY-ST-ZIP	<b>FARMINGTON 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>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Higgins, Peter N.</b>	
13 STREET ADDRESS	<b>One Tower Square</b>	
14 CITY-ST-ZIP	<b>Hartford CT 06183</b>	
2.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Verdi, Louis A.</b>	
2.3 STREET ADDRESS	<b>One Tower Square</b>	
2.4 CITY-ST-ZIP	<b>Hartford CT 06183</b>	
3.1 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Eddy, Paul H.</b>	
3.3 STREET ADDRESS	<b>One Tower Square</b>	
3.4 CITY-ST-ZIP	<b>Hartford CT 06183</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Clarke, Charles J.</b>	
4.3 STREET ADDRESS	<b>One Tower Square</b>	
4.4 CITY-ST-ZIP	<b>Hartford CT 06183</b>	
5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Ryan, George A.</b>	
5.3 STREET ADDRESS	<b>One Tower Square</b>	
5.4 CITY-ST-ZIP	<b>Hartford CT 06183</b>	
6.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Dilaurenzio, John D.</b>	
6.3 STREET ADDRESS	<b>One Tower Square</b>	
6.4 CITY-ST-ZIP	<b>Hartford CT 06183</b>	

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 on an attachment with an address.

SIGNATURE \_\_\_\_\_ Secretary **Robert S. Cohn** 860-954-3306

CR2E034 (9/96)

**ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**THE NIPPON FIRE & MARINE INSURANCE CO., LTD., U.S. BRANCH**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12 - THE TRAVELERS MARINE CORPORATION, U.S. MANAGER:**

**D**

**HELLENDRUNG, KAREN A.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**D**

**LACEDONIA, MARK D.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**D**

**REICHARDT, JOHN J.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**D**

**WOODWORTH, DAVID E.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V/O**

**DISIPIO, SUZANNE L.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V/O**

**PRIVITERA, PAUL S.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V/O**

**SIMCHOCK, SCOTT H.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**T**

**WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**AT**

**MOLINARO, EMIL J.  
388 GREENWICH ST  
NEW YORK NY 10013**

**S**

**COHN, ROBERT S.  
ONE TOWER SQUARE  
HARTFORD CT 06183**