

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED AND FILED**  
1995 MAY -1 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 825007 (8)**

1. Corporation Name  
**THE YASUDA FIRE & MARINE INSURANCE COMPANY OF AMERICA**

Principal Place of Business      Mailing Address  
**TWO WORLD FINANCIAL CENTER, 43RD FLOOR  
225 LIBERTY STREET  
NEW YORK NY 10281**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/17/1970**      **03/29/1994**  
4. FEI Number      Applied For / Not Applicable  
**13-2554270**  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BLDG  
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      85 Zip Code  
**FL**

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 fee if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>SVP</b>
NAME	<b>ALBRIGHT, LANCE</b>
STREET ADDRESS	<b>3 WOODSIDE DRIVE</b>
CITY - ST - ZIP	<b>SPRINGFIELD NJ</b>
TITLE	<b>D</b>
NAME	<b>BEPLAT, TRSTAN</b>
STREET ADDRESS	<b>ONE HASLET AVENUE</b>
CITY - ST - ZIP	<b>PRINCETON NJ</b>
TITLE	<b>V</b>
NAME	<b>WILCHER, SUSAN</b>
STREET ADDRESS	<b>1520 YORK AVE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>AVP</b>
NAME	<b>CORTEZ, ARTURO</b>
STREET ADDRESS	<b>1900 SCREELAND DRIVE</b>
CITY - ST - ZIP	<b>BURBANK CA</b>
TITLE	<b>SVP</b>
NAME	<b>MCLEROY, JOHN</b>
STREET ADDRESS	<b>368 QUAKER CHURCH ROAD</b>
CITY - ST - ZIP	<b>RANDOLPH NJ</b>
TITLE	<b>VP</b>
NAME	<b>DEVITO, ROBERT</b>
STREET ADDRESS	<b>500 E. 77TH ST., #914</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>SVP/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>300001475013</b>
23 STREET ADDRESS	<b>-05/04/95--01012--018</b>
24 CITY - ST - ZIP	<b>****130.00      ****130.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>} SEE LIST ATTACHED</b>
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. McElroy*      **John J. McElroy**  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      **Vice President and Secretary**      1/26/95      (312)416 1286