

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825007 (8)**

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



Principal Place of Business <b>TWO WORLD FINANCIAL CENTER, 43RD FLOOR                  225 LIBERTY STREET                  NEW YORK NY 10281</b>	Mailing Address <b>TWO WORLD FINANCIAL CENTER, 43RD FLOOR                  225 LIBERTY STREET                  NEW YORK NY 10281-1008</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/17/1970</b>	3a. Date of Last Report <b>08/06/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>13-2554270</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  CAPITOL BLDG                  TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBRIGHT, LANCE</b>	1.2 NAME	
STREET ADDRESS	<b>3 WOODSIDE DRIVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SPRINGFIELD NJ</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEPLAT, TRISTAN</b>	2.2 NAME	
STREET ADDRESS	<b>ONE HASLET AVENUE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PRINCETON NJ</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCHER, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>1520 YORK AVE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORTEZ, ARTURO</b>	4.2 NAME	
STREET ADDRESS	<b>1900 SCREELAND DRIVE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BURBANK CA</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCELROY, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>368 QUAKER CHURCH ROAD</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RANDOLPH NJ</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVITO, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>500 E. 77TH ST., #914</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	6.4 CITY-STATE-ZIP	

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: *John J. McEnoy* **JOHN J. McEnoy** 2/21/97 212 416 1286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)