

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90042 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 825007

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	TWO WORLD FINANCIAL CENTER, 43RD FLOOR 225 LIBERTY STREET NEW YORK NY 10281

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1970**

4. FEI Number  
**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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>INSURANCE COMMISSIONER                  CAPITOL BLDG                  TALLAHASSEE FL 32301</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

14. I 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, with all other like empowered.

SIGNATURE: John G. Collins **CORP. SECRETARY** 2/16/99 212 416 1286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)