

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26683 (3)

1. Corporation Name

**THE NISSAN FIRE & MARINE INSURANCE COMPANY, LIM
TED**

200001486892
-05/15/95--01001--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3 NEW YORK PLAZA
16TH FLOOR
NEW YORK NY 10004

3 NEW YORK PLAZA
16TH FLOOR
NEW YORK NY 10004

3. Date Incorporated or Qualified

3a. Date of Last Report

10/27/1989

03/14/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

13-2791458

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. 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 BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: SATO, RYUTARO
STREET ADDRESS: 9-5, 2CHOME, KITA-AOYAMA
CITY- ST- ZIP: MINATO-KU, TOKYO, JAPAN

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

TITLE: PD
NAME: ~~HANDA, YOSHIDA~~
STREET ADDRESS: 3 NEW YORK PLAZA
CITY- ST- ZIP: NEW YORK NY

2.1 TITLE Change Addition
2.2 NAME: TAKASHI MATSUNO
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE: VST
NAME: MIYAMOTO, NOBUHIRO
STREET ADDRESS: 3 NEW YORK PLAZA
CITY- ST- ZIP: NEW YORK NY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE: D
NAME: YOSHIRO, HYOKAWA
STREET ADDRESS: 9-5, 2-CHOME, KITA-AOYAM
CITY- ST- ZIP: MINATO-KU, TOK., JAP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE: D
NAME: KAWASAKI, MORIKAZU
STREET ADDRESS: 611 W. SIXTH ST. STE. 3205
CITY- ST- ZIP: LOS ANGELES CA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE: O
NAME: YAMAMOTO, YOSHIKI
STREET ADDRESS: 3200 WEST END, AVENUE 405
CITY- ST- ZIP: NASHVILLE TN

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(2)(b), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (212) 809-9600
Date Name/Phone #