

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26683** (3)

1. Corporation Name

THE NISSAN FIRE & MARINE INSURANCE COMPANY, LIMITED



Principal Place of Business

Mailing Address

3 NEW YORK PLAZA
16TH FLOOR
NEW YORK NY 10004

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16TH FLOOR
NEW YORK NY 10004

3. Date Incorporated or Qualified: **10/27/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

13-2791458

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 the filer, if not

Default Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SATO RYUTARO	
STREET ADDRESS	9-5, 2CHOME, KITA-AOYAMA	
CITY-ST-ZIP	MINATO-KU, TOKYO, JAPAN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATSUNO, TAKASHI	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MITSUNO, NOBUHIRO	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOSHIRO, HYOKAWA	
STREET ADDRESS	9-5, 2CHOME, KITA-AOYAMA	
CITY-ST-ZIP	MINATO-KU, TOK, JAP	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAWASAKI, MORIKAZU	
STREET ADDRESS	611 W. SIXTH ST. STE. 3205	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	O	<input type="checkbox"/> DELETE
NAME	YUKAWA, YOSHIKU	
STREET ADDRESS	3200 WEST END, AVENUE 405	
CITY-ST-ZIP	NASHVILLE TN	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hiroshi Suzuki
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700001865867
23 STREET ADDRESS	-06/18/96--01132--034
24 CITY-ST-ZIP	***225.00
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hiroyuki Hayashi
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Keisuke Mabuchi
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	0
53 STREET ADDRESS	Hisroshi Kurihara
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Toshio Okuma
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 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96

Date

310 809-7600

District Phone #

CR2E034 (12/95)