

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

**FILED**

**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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  
**3 NEW YORK PLAZA  
16TH FLOOR  
NEW YORK NY 10004**

Mailing Address  
**3 NEW YORK PLAZA  
16TH FLOOR  
NEW YORK NY 10004-2442**

3. Date Incorporated or Qualified **10/27/1989**      3a. Date of Last Report **06/17/1996**

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a	31	31a	32	32a
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Date of Last Report		Applied For		Additional Fee Required		May Be Added to Fees		Yes		No	
<b>565 FIFTH AVENUE</b>		<b>565 FIFTH AVENUE</b>		<b>13-2791458</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>10/27/1989</b>		Not Applicable		<b>\$8.75</b>		<b>\$5.00</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		City & State		Zip		Country		City & State		Zip		Country	
				<b>NEW YORK, NY</b>		<b>NEW YORK, NY</b>		<b>10017</b>		<b>USA</b>		<b>NEW YORK, NY</b>		<b>10017</b>		<b>USA</b>							

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
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

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUZUKI, HIROSHI</b>	
STREET ADDRESS	<b>9-5, 2-CHOME, KITA-AOYAMA</b>	
CITY - ST - ZIP	<b>MINATO-KU, TOKYO, JAPAN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MATSUNO, TAKASHI</b>	
STREET ADDRESS	<b>3 NEW YORK PLAZA</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYASHI, HIROYUKI</b>	
STREET ADDRESS	<b>3 NEW YORK PLAZA</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MABUCHI, KEISUKE</b>	
STREET ADDRESS	<b>9-5, 2-CHOME, KITA-AOYAMA</b>	
CITY - ST - ZIP	<b>MINATO-KU, TOK. JAP</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KURIHARA, HIROSHI</b>	
STREET ADDRESS	<b>811 W. SIXTH ST. STE. 3205</b>	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>O</b>	<input type="checkbox"/> DELETE
NAME	<b>OKUMA, TOSHIO</b>	
STREET ADDRESS	<b>3200 WEST END, AVENUE 405</b>	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>565 FIFTH AVENUE, 21ST FLOOR</b>
2.3 STREET ADDRESS	<b>NEW YORK, NY. 10017</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HAYASHI, HIROYUKI</b>
3.3 STREET ADDRESS	<b>565 FIFTH AVENUE, 21ST FLOOR</b>
3.4 CITY - ST - ZIP	<b>NEW YORK, NY. 10017</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* DATE: **2/20/97** (212) 286-3000

CR2E034 (9/96)