



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91206 002 ***150.00

DOCUMENT # P27974					
1. Entity Name AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY					
Principal Place of Business 1 KEMPER DR LONG GROVE, IL 60049 US			Mailing Address C/O REINSURANCE SOLUTIONS INT'L TWO LOGAN SQUARE - 21 FLOOR PHILADELPHIA, PA 19103 US		
2. Principal Place of Business 3880 RFD Salem Lake Drive Suite, Apt. #, etc.		3. Mailing Address c/o Reinsurance Solutions Int'l Two Logan Square - Suite 600 Suite, Apt. #, etc.			
City & State Long Grove, IL		City & State Philadelphia, PA		4. FEI Number 36-3155373	
Zip 60048		Zip 19103		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME SMITH, D. R STREET ADDRESS 1 KEMPER DR. CITY-ST-ZIP LONG GROVE, IL	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Joel Carl Walcott STREET ADDRESS 3880 RFD Salem Lake Drive CITY-ST-ZIP Long Grove, IL 60047	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CONLIN, DEAN R STREET ADDRESS 1 KEMPER DR. CITY-ST-ZIP LONG GROVE, IL	<input type="checkbox"/> Delete		TITLE 3880 RFD Salem Lake Drive STREET ADDRESS Long Grove, IL 60047 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PAPASTEFAN, W. S STREET ADDRESS 1 KEMPER DR. CITY-ST-ZIP LONG GROVE, IL	<input type="checkbox"/> Delete		TITLE 3880 RFD Salem Lake Drive STREET ADDRESS Long Grove, IL 60047 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVP NAME HORIKOSHI, KOHEI STREET ADDRESS 1 KEMPER DRIVE CITY-ST-ZIP LONG GROVE, IL 60049	<input type="checkbox"/> Delete		TITLE 3880 RFD Salem Lake Drive STREET ADDRESS Long Grove, IL 60047 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME RYO, IMAI STREET ADDRESS 1 KEMPER DR CITY-ST-ZIP LONG GROVE, IL 60049	<input type="checkbox"/> Delete		TITLE 3880 RFD Salem Lake Drive STREET ADDRESS Long Grove, IL 60047 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nigel J. Conly</i>			4/28/04		267.675.3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #