


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90291 015 \*\*\*150.00

<b>DOCUMENT # P27974</b>			
1. Entity Name <b>AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY</b>			
Principal Place of Business <b>3880 RFD SALEM LAKE DR. LONG GROVE, IL 60049 US</b>		Mailing Address <b>C/O REINSURANCE SOLUTIONS INT'L TWO LOGAN SQUARE - 21 FLOOR - PHILADELPHIA, PA 19103 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc. <b>Two Logan Square - Suite 600</b>	
City & State		City & State	
Zip <b>60047</b>	Country	Zip	Country



04192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3155373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALCOTT, JOEL CARL 3880 RFD SALEM LAKE DR. LONG GROVE, IL 60047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONLIN, DEAN R 3880 RFD SALEM LAKE DR. LONG GROVE, FL 66047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Long Grove, IL 60047</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPASTEFAN, W. S 3880 RFD SALEM LAKE DR. LONG GROVE, FL 60047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Long Grove, IL 60047</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HORIKOSHI, KOHEI 3880 RFD SALEM LAKE DR. LONG GROVE, FL 60047 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVP Shotaro Watanabe 3880 RFD Salem Lake Dr. Long Grove, IL 60047</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYO, IMAI 3880 RFD SALEM LAKE DR. LONG GROVE, FL 60047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Long Grove, IL 60047</b>
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:** Nigel S. Gilly **267-675-3326**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #