2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P27974

1. Entity Name
AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY

Principal Place of Business	Mailing Address
3880 RFD SALEM LAKE DR. LONG GROVE, IL 60047 US	C/O REINSURANCE SOLUTIONS INT"L TWO LOGAN SQUARE - SUITE 600 PHILADELPHIA, PA 19103 US

DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3155373

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WALCOTT, JOEL CARL
STREET ADDRESS	3880 RFD SALEM LAKE DR.
CITY-ST-ZIP	LONG GROVE, IL 60047
TITLE	S
NAME	CONLIN, DEAN R
STREET ADDRESS	3880 RFD SALEM LAKE DR.
CITY-ST-ZIP	LONG GROVE, IL 60047
TITLE	T
NAME	PAPASTEFAN, W. S
STREET ADDRESS	3880 RFD SALEM LAKE DR.
CITY-ST-ZIP	LONG GROVE, IL 60047
TITLE	EVP
NAME	WATANABE, SHOTARO
STREET ADDRESS	3880 RFD SALEM LAKE DRIVE
CITY-ST-ZIP	LONG GROVE, IL 60047
TITLE	P
NAME	RYO, IMAI
STREET ADDRESS	3880 RFD SALEM LAKE DR.
CITY-ST-ZIP	LONG GROVE, IL 60047
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Nigel J. Griffey 4/10/06 267-675-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number