2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P27974

Entity Name: AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY

Current Principal Place of Business:

3880 RFD SALEM LAKE DR.
LONG GROVE, IL 60047 US

New Principal Place of Business:

Current Mailing Address:

C/O REINSURANCE SOLUTIONS INT"L
TWO LOGAN SQUARE - SUITE 600
PHILADELPHIA, PA 19103 US

New Mailing Address:

FEI Number: 36-3155373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WALCOTT, JOEL CARL
Address: 3880 RFD SALEM LAKE DR.
City-St-Zip: LONG GROVE, IL 60047

Title: S (X) Delete
Name: CONLIN, DEAN R
Address: 3880 RFD SALEM LAKE DR.
City-St-Zip: LONG GROVE, IL 60047

Title: T (X) Delete
Name: PAPASTEFAN, WILLIAM S
Address: 3880 RFD SALEM LAKE DR.
City-St-Zip: LONG GROVE, IL 60047

Title: EVP ( ) Delete
Name: WATANABE, SHOTARO
Address: 3880 RFD SALEM LAKE DRIVE
City-St-Zip: LONG GROVE, IL 60047

Title: P ( ) Delete
Name: HIROYUKI, ARAI
Address: 3880 RFD SALEM LAKE DR.
City-St-Zip: LONG GROVE, IL 60047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POLLY JIRELE AS 04/22/2008

Electronic Signature of Signing Officer or Director — Date