

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27974

FILED  
Apr 14, 2009  
Secretary of State

**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:**

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

**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: 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: EVP (X) Change ( ) Addition  
Name: HASUIKE, NAOTO  
Address: 3880 RFD SALEM LAKE DRIVE  
City-St-Zip: LONG GROVE, IL 60047

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date