

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850230 (4)

1. Corporation Name

FIREMAN'S FUND INSURANCE COMPANY OF WISCONSIN



Principal Place of Business

Mailing Address

P.O. BOX 2963  
C/O CORP SECRETARY'S OFFICE  
MILWAUKEE WI 53201-2963  
US

P.O. BOX 2963  
C/O CORP SECRETARY'S OFFICE  
MILWAUKEE WI 53201-2963  
US

3. Date Incorporated or Qualified  
08/20/1981

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 777 San Marin Drive  
Suite, Apt. #, etc.

22 City & State

27 Corp Secretary's Office  
City & State

23 Zip Country  
24 25

28 Novato CA  
Zip Country  
29 94998 30

4. FEI Number

39-1338397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and identical to:

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS  
NAME JANET M. HOLLAND  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA 94998 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVP  
NAME SWANSON, THOMAS A  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP  
NAME BRETT, STEPHEN N.  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DCCE  
NAME HANSMeyer, HERBERT F  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VT  
NAME MARSH, HAROLD, N. III  
STREET ADDRESS 777 SAN MARIN DRIVE  
CITY-ST-ZIP NOVATO CA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME POLLARD, DAVID R.  
STREET ADDRESS 777 SAN MARIN DR.  
CITY-ST-ZIP NOVATO CA ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Janet M. Holland, Asst. Secretary

4/26/96

(415) 899-3621

Date

Daytime Phone #

CR2E034 (12/95)

850230

2-2

FIREMAN'S FUND INSURANCE COMPANY OF WISCONSIN  
(subsidiary of The American Insurance Company)

PURPOSE: To engage in property/liability insurance business.

DIRECTORS

Collin M. Becker  
Stephen N. Brett  
Herbert F. Hansmeyer  
Timothy T.M. Koo

David R. Pollard  
Jeffrey H. Post  
Thomas E. Rowe  
Jack S. Smith  
Joe L. Stinnette, Jr.

ELECTED OFFICERS

Herbert F. Hansmeyer  
Stephen N. Brett  
Timothy T. M. Koo  
Jeffrey H. Post  
Joe L. Stinnette, Jr.  
Harold N. Marsh, III

Thomas A. Swanson  
Richard G. Warren  
Collin M. Becker

Chairman of the Board and  
Chief Executive Officer  
President  
Executive Vice President  
Executive Vice President, Chief  
Financial Officer and Actuary  
Executive Vice President  
Senior Vice President and  
Treasurer  
Senior Vice President, General  
Counsel and Corporate Secretary  
Senior Vice President  
and Controller  
Chief Administrative Officer and  
Resident Secretary

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Business address: All of the above are located at 777 San Marin Drive, Novato, CA 94998 except where noted.

\*Located at Home office address:

Street: 3333 North Mayfair Road, Wauwatosa, WI 53222  
Mail: P.O. Box 2963, Milwaukee, WI 53201-2963

03/29/96  
C.S.O.