

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850230** (4)
1. Corporation Name
FIREMAN'S FUND INSURANCE COMPANY OF WISCONSIN



Principal Place of Business P.O. BOX 2963 C/O CORP SECRETARY'S OFFICE MILWAUKEE WI 53201-2963 US	Mailing Address 777 SAN MARIN DR. C/O CORP SECRETARY'S OFFICE NOVATO CA 94988-0001 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/20/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 39-1338397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET M. HOLLAND	1.2 NAME	
STREET ADDRESS	777 SAN MARIN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA 94988	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, THOMAS A	2.2 NAME	
STREET ADDRESS	777 SAN MARIN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	2.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETT, STEPHEN N.	3.2 NAME	Joe L. Stinnette, Jr.
STREET ADDRESS	777 SAN MARIN DRIVE	3.3 STREET ADDRESS	777 San Marin Drive
CITY-ST-ZIP	NOVATO CA	3.4 CITY-ST-ZIP	NOVATO CA
TITLE	DOCE <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSMAYER, HERBERT F	4.2 NAME	
STREET ADDRESS	777 SAN MARIN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, HAROLD, N, III	5.2 NAME	
STREET ADDRESS	777 SAN MARIN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, DAVID R.	6.2 NAME	
STREET ADDRESS	777 SAN MARIN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE:

Jeannette Y. Wong, Asst. Secretary

4/24/97 (415) 899-2000

Date

Daytime Phone

CR2E034 (9/96)

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
Gary E. Black
Joseph F. Dillon, Jr.
Herbert F. Hansmeyer

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

ELECTED OFFICERS

Herbert F. Hansmeyer
Joe L. Stinnette, Jr.

David R. Pollard
Jeffrey H. Post

Thomas E. Rowe
Joseph F. Dillon, Jr.
Harold N. Marsh, III

Thomas A. Swanson

Richard G. Warren

Collin M. Becker

Chairman of the Board
President and
Chief Executive Officer
Executive Vice President
Executive Vice President, Chief
Financial Officer and Actuary
Executive Vice President
Senior 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

Jeannette Y. Wong

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

04/10/97
C.S.O.