

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P.O. BOX 2963                  C/O CORP SECRETARY'S OFFICE                  MILWAUKEE WI 53201-2963                  US</b>	Mailing Address <b>777 SAN MARIN DR.                  C/O CORP SECRETARY'S OFFICE                  NOVATO CA 94998                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3.</b> Date Incorporated or Qualified <b>08/20/1981</b>	
<b>4.</b> FEI Number <b>39-1338397</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	AS <input type="checkbox"/> DELETE
NAME	JANET M. HOLLAND
STREET ADDRESS	777 SAN MARIN DRIVE
CITY-ST-ZIP	NOVATO CA 94998
TITLE	SVP <input checked="" type="checkbox"/> DELETE
NAME	SWANSON, THOMAS A
STREET ADDRESS	777 SAN MARIN DRIVE
CITY-ST-ZIP	NOVATO CA
TITLE	DP <input type="checkbox"/> DELETE
NAME	STINETTE, JOE L JR
STREET ADDRESS	777 SAN MARIN DR
CITY-ST-ZIP	NOVATO CA
TITLE	DC <input type="checkbox"/> DELETE
NAME	HANSMEYER, HERBERT F
STREET ADDRESS	777 SAN MARIN DRIVE
CITY-ST-ZIP	NOVATO CA
TITLE	VT <input type="checkbox"/> DELETE
NAME	MARSH, HAROLD, N, III
STREET ADDRESS	777 SAN MARIN DRIVE
CITY-ST-ZIP	NOVATO CA
TITLE	DV <input type="checkbox"/> DELETE
NAME	POLLARD, DAVID R.
STREET ADDRESS	777 SAN MARIN DR.
CITY-ST-ZIP	NOVATO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	S/V Janet S. Kloenhamer
23 STREET ADDRESS	777 San Marin Drive
24 CITY-ST-ZIP	Novato CA 94998
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**14.** I 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 on an attachment with an address.

*Handwritten signature*

CR2E034 (10/97)

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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.

Chairman of the Board  
President and Chief Executive  
Officer

David R. Pollard  
Jeffrey H. Post

Executive Vice President  
Executive Vice President,  
Chief Financial Officer and  
Actuary

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

Executive Vice President  
Senior Vice President  
Senior Vice President and  
Treasurer

Janet S. Kloenhamer

Senior Vice President, General  
Counsel and Corporate Secretary

Richard G. Warren

Senior Vice President  
and Controller

Collin M. Becker

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