

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 032 ***150.00

DOCUMENT # 850230

1. Entity Name
FIREMAN'S FUND INSURANCE COMPANY OF WISCONSIN



DO NOT WRITE IN THIS SPACE

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 94998
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1338397

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLHASSEE FL

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	AS WONG, JEANNETTE Y	<input type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DRIVE	
CITY-ST-ZIP	NOVATO CA 94998	
TITLE NAME	SV KLOENHAMER, JANET S	<input type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DR	
CITY-ST-ZIP	NOVATO CA 94998	
TITLE NAME	DCEO POST, JEFFREY H	<input type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DR	
CITY-ST-ZIP	NOVATO CA 94998	
TITLE NAME	DC HANSMEYER, HERBERT F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DRIVE	
CITY-ST-ZIP	NOVATO CA	
TITLE NAME	VT MARSH, HAROLD, N, III	<input type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DRIVE	
CITY-ST-ZIP	NOVATO CA	
TITLE NAME	DV POLLARD, DAVID R.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	777 SAN MARIN DR.	
CITY-ST-ZIP	NOVATO CA	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D/C/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AS Julie A. Garrison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	777 San Marin Drive	
CITY-ST-ZIP	Novato CA 94998	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie A. Garrison* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie A. Garrison

Date: 03/13/02 Daytime Phone #: (415) 899-2000

CR2E034 (9/01)

Attachment # 850230/611819

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

PURPOSE: To engage in property/liability insurance business.

DIRECTORS

Thomas E. Geissler
Peter Huehne
Janet S. Kloenhamer
Paul J. LaPerriere

H. David Lundgren
Harold N. Marsh, III
Jeffrey H. Post
Alastair C. Shore

ELECTED OFFICERS

Jeffrey H. Post

Chairman of the Board, President
and Chief Executive Officer

Peter Huehne

Executive Vice President and
Chief Financial Officer

Janet S. Kloenhamer

Senior Vice President, General
Counsel and Corporate Secretary

Harold N. Marsh, III

Senior Vice President and
Treasurer

APPOINTED OFFICERS

Julie A. Garrison

Assistant Secretary

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

Home office address:

Street: 3333 North Mayfair Road, Wauwatosa, WI 53222

Mail: P.O. Box 2963, Milwaukee, WI 53201-2963