


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 008 ***150.00

DOCUMENT # 850230							
1. Entity 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 94998 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 39-1338397			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WONG, JEANNETTE Y 777 SAN MARIN DRIVE NOVATO, CA 94998	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KLOENHAMER, JANET S 777 SAN MARIN DR NOVATO, CA 94998	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP POST, JEFFREY H 777 SAN MARIN DR NOVATO, CA 94998	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSH, HAROLD, N, III 777 SAN MARIN DRIVE NOVATO, CA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WRIGHT, LINDA E 777 SAN MARIN DR. NOVATO, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUEHNE, PETER 777 SAN MARIN DRIVE E NOVATO, CA 94998	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRESPERIN, PETER W. 777 SAN MARIN DRIVE NOVATO, CA 94998	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		Jeannette Y. Wong		3-24-04 415-899-2844			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

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01232004 Chg-P CR2E034 (10/03)

Directors / Officers Report

As of 03/24/2004

Fireman's Fund Insurance Company of Wisconsin

Directors

All located at 777 San Marin Drive, Novato, CA 94998

Janet S. Kloenhamer	Director
Howard David Lundgren	Director
Joseph J. Beneducci	Director
Thomas E. Geissler	Director
Jill Elaine Paterson	Director
Peter Walter Presperin	Director
Alastair C. Shore	Director
Linda E. Wright	Director
Jeffrey H. Post	Director

Officers

Jeffrey H. Post	Chairman of the Board
Jeffrey H. Post	President and Chief Executive Officer
Peter Walter Presperin	Executive Vice President
Peter Walter Presperin	Chief Financial Officer
Linda E. Wright	Senior Vice President
Janet S. Kloenhamer	General Counsel
Janet S. Kloenhamer	Corporate Secretary
Linda E. Wright	Treasurer
Janet S. Kloenhamer	Senior Vice President

Attachment
850230

Directors / Officers Report

As of 03/24/2004

Fireman's Fund Insurance Company of Wisconsin

Jeannette Y. Wong

Assistant Secretary

Attachment
D#850230