

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801055

FILED
Jan 04, 2010
Secretary of State

Entity Name: FIREMAN'S FUND INSURANCE COMPANY

Current Principal Place of Business:

777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO, CA 94998

New Principal Place of Business:

Current Mailing Address:

777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO, CA 94998

New Mailing Address:

FEI Number: 94-1610280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS
Name: WONG, JEANNETTE Y
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 94998

Title: DCEO
Name: LAROCCO, MICHAEL E
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 94998

Title: SVP
Name: NAREY, SALLY B
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 91998

Title: DEVP
Name: PATERSON, JILL E
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 94998

Title: SVP
Name: TACCHETTI, GREPORTY A
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 94998

Title: DCHM
Name: RALPH, JAY S
Address: 777 SAN MARIN DR
City-St-Zip: NOVATO, CA 94998

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLY B. NAREY

DSVP

01/04/2010

Electronic Signature of Signing Officer or Director

Date