


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

FILED

May 01 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997  |                                      | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|--|--------------------------------------|---|---|
| <b>DOCUMENT # 803358 (1)</b><br>1. Corporation Name<br><b>THE AMERICAN INSURANCE COMPANY</b>   |                                      |   |   |
| Principal Place of Business<br><b>777 SAN MARIN DR<br/>% CORP SECRETARY'S OFFICE<br/>NOVATO CA 94998</b>   |                                      | Mailing Address<br><b>777 SAN MARIN DR<br/>% CORP SECRETARY'S OFFICE<br/>NOVATO CA 94998-0001</b>   |   |
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24<br>Country<br>25  |                                      | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30  |   |
| 3. Date Incorporated or Qualified<br><b>07/16/1928</b>   |                                      | 3a. Date of Last Report<br><b>05/01/1996</b>  |   |
| 4. FEI Number<br><b>22-0731810</b>   |                                      | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |                                      | <b>\$5.00</b> 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<br><b>INSURANCE COMMISSIONER<br/>THE CAPITOL BLDG.<br/>TALLAHASSEE FL 32399</b>  |                                      | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 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 _____<br>(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 94998                      | 1.4 CITY - ST - ZIP   |   |
| TITLE  | D <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BLACK, GARY E.                       | 2.2 NAME  |   |
| STREET ADDRESS   | 777 SAN MARIN DRIVE                  | 2.3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | NOVATO CA                            | 2.4 CITY - ST - ZIP   |   |
| TITLE  | DCFO <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | POST, JEFFREY H                      | 3.2 NAME  |   |
| STREET ADDRESS   | 777 SAN MARIN DR                     | 3.3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | NOVATO CA 94998                      | 3.4 CITY - ST - ZIP   |   |
| TITLE  | SVP <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MARSH, HAROLD N III                  | 4.2 NAME  |   |
| STREET ADDRESS   | 777 SAN MARIN DRIVE                  | 4.3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | NOVATO CA 94998                      | 4.4 CITY - ST - ZIP   |   |
| TITLE  | V <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WARREN, RICHARD G                    | 5.2 NAME  |   |
| STREET ADDRESS   | 777 SAN MARIN DRIVE                  | 5.3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | NOVATO CA                            | 5.4 CITY - ST - ZIP   |   |
| TITLE  | SVP <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SWANSON, THOMAS A                    | 6.2 NAME  |   |
| STREET ADDRESS   | 777 SAN MARIN DRIVE                  | 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 on an attachment with an address. |                                      |   |   |
| SIGNATURE: _____   |                                      | 4/24/97 (415) 899-2000  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Sandra B. Mortham, Secretary of State  |                                      |   |   |

CR2E034 (9/96)

THE AMERICAN INSURANCE COMPANY  
(Subsidiary of Fireman's Fund Insurance Company)

PURPOSE: To engage in the insurance business.

DIRECTORS

|                      |                       |
|----------------------|-----------------------|
| Gary E. Black        | Jeffrey H. Post       |
| Herbert F. Hansmeyer | Thomas E. Rowe        |
| David R. Pollard     | Joe L. Stinnette, Jr. |
|                      | Edmund O. Wall *      |

ELECTED OFFICERS

|                       |                                 |
|-----------------------|---------------------------------|
| Herbert F. Hansmeyer  | Chairman of the Board           |
| Joe L. Stinnette, Jr. | President and                   |
|                       | Chief Executive Officer         |
| David R. Pollard      | Executive Vice President        |
| Jeffrey H. Post       | Executive Vice President, Chief |
|                       | Financial Officer and Actuary   |
| Thomas E. Rowe        | Executive Vice President        |
| Harold N. Marsh, III  | Senior Vice President and       |
|                       | Treasurer                       |
| Thomas A. Swanson     | Senior Vice President, General  |
|                       | Counsel & Corporate Secretary   |
| Edmund O. Wall        | Senior Vice President and       |
|                       | Chief Administrative Officer    |
| Richard G. Warren     | Senior Vice President and       |
|                       | Controller                      |

APPOINTED OFFICERS

|                   |                     |
|-------------------|---------------------|
| Jeannette Y. Wong | Assistant Secretary |
|-------------------|---------------------|

Business address: All of the above are located at 777 San Marin Drive, Novato, CA 9499 except as noted.

\* Located at Home office address:  
11516 Miracle Hills Drive, Omaha, NE 68154