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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

829497

(7)

FIREMAN'S FUND RISK MANAGEMENT SERVICES, INC.



Principal Place of Business		Mailing Address				a indring linking kinding alah balah labah dibah dibah dibah bibih bibih bibih bibih bibih bibih bibih bibih bibih				
777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998		777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998								
									of Last Report	
2. Principal Place of Business		Do Malino Address	2a. Mailing Address			02/12/1973 04			4/19/1995	
21	000 01 200 1000	26. Mailing Address	,			4. FEI Number			Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			94-2148339			Not Applicable	
22		27	7			5. Certificate of Status Desired			75 Additional se Required	
City & State		City & State	City & State			6. Election Campaign Financing	55.00 May Be			
23		28	3			Trust Fund Contribution	Added to Fees			
Ζφ	Country	Zip	h	Country		8. This corporation has liability for in	ntangible tax	unde	rs 199.032,	
24	25 9. Name and Address of Curren	29	[30]	80]		Florida Statutes K Yes				
	a. Name and Address of Carren	r negistered Agent		81	Name	10. Name and Address of New Ro	gistered A	gent	· · · · · · · · · · · · · · · · · · ·	
DUDLEY, MICHAEL E				01	INATHE					
	YPRESS CENTER DRIVE		82 Street Ad		Street Addr	dress (P.O. Box Number is Not Acceptable)				
TAMPA FL 33609			83							
1750,71	12 0000		. [
				84	City		E1	1 (Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abov	—⊥ ⁄e∙n	amed corpor	ation submits this statement for the purp rd of directors. I hereby accept the appo	ose of char	l (s registered office	
familiar wit	th, and accept the obligations of, Secti	ia. Such change was authori on 607.0505, Florida Statute	ized by the co is.	orpo	oration's boar	rd of directors. I hereby accept the appoi	intment as r	egiste	red agent. I am	
SIGNATURE										
	Signature, typed or printed name of registered agent		OTE: Registered /	\gent	t signature required		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	DC UANGMENTO UCOBCOT C	DELETE	1. 1 117					Chang	e 🔲 Addition	
STREET ADDRESS	Hansmeyer, Herbert, F 777 San Marin Dr			dE 						
CITY-ST-ZIP	NOVATO CA			1.3 STREET ADDRESS : 1.4 CITY - ST - ZIP						
TITLE	V				1-219			Chang	n El Addition	
NAME	BLACK, GARY E.		1	2 1 TITLE 22 NAME				ымпу	e [] Addition	
STREET ADDRESS	777 SAN MARIN DR			STREET ADDRESS						
CITY-ST-ZIP	NOVATO CA			2.4.0/TY-ST-Z/P						
TITLE						D/CFO Change KAddition				
NAME	MEYER, JOHN F.		3 2 NAN	3 2 NAME		Jeffrey H. Post				
STREET ADDRESS	777 SAN MARIN ST		3.3 STF	3.3 STREET ADDRESS		777 San Marin Drive				
CITY-ST-ZIP	NOVATO CA			3.4 CITY - ST - ZIP		Novato CA 94998				
TITLE	VC DELETE			4. 1 TITLE				Chang	e 🔲 Addition	
NAME CTOKET ADDOCCE	WARREN, RICHARD G			4 2 NAME						
STREET ADDRESS	135C	NOVATO CA		4 3 STREET ADDRESS						
CITY-ST-ZIP TITLE	SVP DELETE		***************************************	4.4 CHY-ST-ZIP		A Donna				
NAME	SWANSON, THOMAS A			5.1 TITLE •		40000181		Ŭ A∰ IGI "}	Addition	
STREET ADDRESS	77 SAN MARIN DRIVE			5 2 NAME + 5 3 STREET ADDRESS		~05/08/96010) ***200.00	: O~-UU:	1		
CITY-ST-ZIP	NOVATO CA		5 3 STRE			······································	**************************************			
TITLE	VT	DELETE			- ZIF		Change () Addition			
NAME	MARSH, HAROLD N III	- -		2 NAME			LI CIPILOR LA (APORTION			
STREET ADDRESS	777 041 14001 07			6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4.CITY - ST - 7ID				า	\mathscr{V}			
14. I do hereby	NOVATO CA certify that the information supplied w	ith this filing is voluntarily furn	nished and do	oes	not qualify for	r the exemption stated in Section 119.07	7(3)(k) Flori	a tat	utes 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 legislaties. I further 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:

4/26/96

(415) 899-3621

Daytime Phone #

FIREMAN'S FUND RISK MANAGEMENT SERVICES, INC. (Subsidiary of Fireman's Fund Insurance Company)

PURPOSE: Provides management, consulting, loss control, valuation, salvage and all related services to government, business and industry; provides claims adjustment, self-insurance, administrative services and all related services to self-insurers.

DIRECTORS

Herbert F. Hansmeyer Gary E. Black Jeffrey H. Post

Thomas E. Rowe Joe L. Stinnette, Jr.

ELECTED OFFICERS

Herbert F. Hansmeyer Joe L. Stinnette, Jr.

Gary E. Black Jeffrey H. Post

Harold N. Marsh, III

Thomas A. Swanson

Richard G. Warren

Chairman of the Board
President
and Chief Executive Officer
Executive Vice President
Executive Vice President and
Chief Financial Officer
Senior Vice President and
Treasurer
Senior Vice President, General
Counsel and Corporate Secretary
Senior Vice President and
Controller

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Home office address: All of the above located at 777 San Marin Drive, Novato, CA 94998.