

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

[illegible]

Mailing Address  
777 SAN MARIN DR  
% CORP SECRETARY'S OFFICE  
NOVATO CA 94988-0001

**2a. Mailing Address**

26 Suite, Apt. #, etc

27 \_\_\_\_\_  
City & State

28	Zip	Country
29		30

3a. Date of Last Report  
05/01/1996

Applied For

Not Applicable
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**\$8.75 Additional  
Fee Required**

**\$5.00** May Be  
Added to Fees

☒ Yes ☐ No

10. Name and Address of New Registered Agent

61	Name
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Street Address (P.O. Box Number is Not Acceptable)

1

City

FL

B5	Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	Change	Addition
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Channel	Addition
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☐ Change ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition

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 in an attachment with an address.

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jeannette Y. Wong, Asst. Secretary

4/24/97 (415) 899-2000

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

0503677

CR2E034 (9/96)

**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**

Jeannette Y. Wong

Assistant Secretary

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