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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 829497 (7)
1. Corporation Name
FIREMAN'S FUND RISK MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998		Mailing Address 777 SAN MARIN DR % CORP SECRETARY'S OFFICE NOVATO CA 94998	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 02/12/1973	
4. FEI Number 94-2148339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUDLEY, MICHAEL E 5310 CYPRESS CENTER DRIVE TAMPA FL 33609		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSMEYER, HERBERT, F	1.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, GARY E.	2.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	2.4 CITY-ST-ZIP	
TITLE	DCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, JEFFREY H	3.2 NAME	
STREET ADDRESS	777 SAN MARIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RICHARD G	4.2 NAME	
STREET ADDRESS	135C	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWANSON, THOMAS A	5.2 NAME	
STREET ADDRESS	77 SAN MARIN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	5.4 CITY-ST-ZIP	
TITLE	VI	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, HAROLD N III	6.2 NAME	
STREET ADDRESS	777 SAN MARIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	6.4 CITY-ST-ZIP	

14. 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 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, unchanged, or on an attachment with an address.

CP2E034 (10/97)

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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

Janet S. Kloenhamer

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 unless noted.