

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829497

1. Corporation Name

FIREMAN'S FUND RISK MANAGEMENT SERVICES, INC.

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90085 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1973

4. FEI Number

94-2148339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HANSMEYER, HERBERT, F

STREET ADDRESS 777 SAN MARIN DR

CITY-ST-ZIP NOVATO CA

TITLE ☐ DELETE

NAME BLACK, GARY E.

STREET ADDRESS 777 SAN MARIN DR

CITY-ST-ZIP NOVATO CA

TITLE ☐ DELETE

NAME DCFO POST, JEFFREY H

STREET ADDRESS 777 SAN MARIN ST

CITY-ST-ZIP NOVATO CA

TITLE ☐ DELETE

NAME VC WARREN, RICHARD G

STREET ADDRESS 135C

CITY-ST-ZIP NOVATO CA

TITLE ☐ DELETE

NAME SV KLOENHAMER, JANET S

STREET ADDRESS 777 SAN MARIN DR

CITY-ST-ZIP NOVATO CA 94998

TITLE ☐ DELETE

NAME VT MARSH, HAROLD N III

STREET ADDRESS 777 SAN MARIN ST

CITY-ST-ZIP NOVATO CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/99

Date

(415) 899-2000

Daytime Phone #

CR2E034 (1/1/98)

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295263-90085-7

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.