

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 029 ***150.00

DOCUMENT # 829497

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2148339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KUSHER, BETSY L
 FIREMAN'S FUND INSURANCE COMPANIES
 4301 ANCHOR PLAZA PARKWAY
 TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HANSMEYER, HERBERT, F 777 SAN MARIN DR NOVATO CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, GARY E. 777 SAN MARIN DR NOVATO CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE POST, JEFFREY H 777 SAN MARIN ST NOVATO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KLOENHAMER, JANET S 777 SAN MARIN DR NOVATO CA 94998 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARSH, HAROLD N III 777 SAN MARIN ST NOVATO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Julie A. Garrison 777 San Marin Drive Novato CA 94998 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie A. Garrison* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02

Date

(415) 899-2800

Daytime Phone #

CR2E034 (9/01)

attachment # 829497/611822

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

Peter Huehne
Janet S. Kloenhamer
H. David Lundgren

Harold N. Marsh, III
Jeffrey H. Post

ELECTED OFFICERS

Jeffrey H. Post

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

Peter Huehne

Janet S. Kloenhamer

Harold N. Marsh, III

APPOINTED OFFICERS

Julie A. Garrison

Assistant Secretary

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