Fireman's Fund Insurance Company



02 JUN 25 PM 3: 52

SEUNLIARY OF STATE TALLAHASSEE, FLORIDA

June 21, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Fireman's Fund Risk Management Services, Inc. RE:

Crop Growers Insurance Services, Inc. Fireman's Fund Agribusiness, Inc. Structured Security Company, Inc. Agent for Service of Process

700005968857--06/25/02--01034---003 ****140.00 *****35.00

Dear Sir/Madam:

Enclosed please find a Statement of Change forms for the above noted companies, together with check 1869001 in the amount of \$140.00 to cover the required \$35.00 per company filing fee.

I would appreciate your records being changed to reflect this new information, and confirmed by returning to me the attached copy letter. A stamped self-addressed envelope is enclosed for your convenience.

Yours truly,

Noreen France

Corporate Secretary's Office

enclosure

cc: M. Anthony

777 San Marin Drive Novato, CA 94998 Phone 415.899,2000

Allianz Group

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the the undersione	te provisions of sections 607 and corporation organized und	.0502, 617.0502,	607.1508, or 617.150		ites,
submits the fo	llowing statement in order to	er me taws of the change its regist	State ofCalifo ered office or registers		
the State of Flo	orida.	G G	or on opposition of the state of	u ageni, or both	., 111
1. The name of	f the corporation: Firem	an's Fund Ri	sk Management Ser	vices, Inc.	<u> </u>
2 The mailing	addraga of the comment				
2. The maning	address of the corporation:_			<u> </u>	<u></u>
 		Novato CA	94998	, r	, . W.,
3. Date of inco	rporation/qualification:0	2/12/73	_ Document number:	829497	
	d address of the current regist				
	Betsy L. Kushner,	_Fireman's F	und Insurance Con	mpanies	
,	4301 Anchor Plaza				F1
	Tampa FL 33634			*· -	
5. The name an	d address of the new registere (P. O. 1	d agent (if chang Box Not Accepta	ed) and/or registered of ble)	ffice (if changed)	<u>47</u>
-	Marisa E. Anthony		<u>*</u>		1
-	_			TAN S	S T
-				SEE	P
The street addre	ess of its registered office and ed, will be identical.	the street addre	ss of the business offic	e of its registere	ري ط بري ط بري
Such change wa authorized by th	as authorized by resolution du	aly adopted by its	s board of directors or	by an office	
ANU	Ujuu		June 1	8, 2002	, -
(Signature o	of an officer, chairman or vice chairma	n of the board)	(Dat		
Julie A.	Garrison, Assistant Se (Printed or typed name and title)	cretary			
Having been na corporation, I h fürther agree t verformance of i registered agent	med as registered agent and ereby accept the appointment to comply with the provisions my duties, and I am familiar	to accept service t as registered as of all statutes re with and accept	of process for the abover yent and agree to act it lative to the proper an the obligation of my po	ove stated n this capacity. d complete osition as	
JAY.	gress A				and the second
(Si	gnature of Registered Agent)		(Date)		
f signing on behalf	Α /				
Marisa	a E. Anthony yped or Printed Name)		<u>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</u>	g remār ir ir silā	-
(1)	1 pod oz 1 milot Maille)		(Capacity)		- · · · - ·

* * * FILING FEE: \$35.00 * * *