

F94000001801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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withdrawal

12/02/04--01945--P01 **35,00

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04 DEC -2 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
12/9/04*

TRANSMITTAL LETTER

D: Amendment Section
Division of Corporations

SUBJECT: Fireman's Fund AgriBusiness, Inc. - Withdrawal
(Name of corporation)

DOCUMENT NUMBER: F94000001801

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Claudia Aron Ross, General Counsel's Office
(Name of Person)

Fireman's Fund Insurance Company
(Firm/Company)

777 San Marin Drive
(Address)

Novato, CA 94998
(City/State and Zip code)

For further information concerning this matter, please call:

Claudia Aron Ross at (415) 899 3352
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Fireman's Fund AgriBusiness, Inc.

(Name of Corporation)

F94000001801

(Document Number of Corporation (if known))

Montana

(Incorporated Under Laws of)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

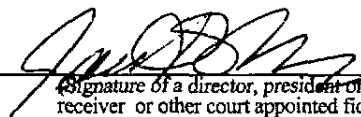
777 San Marin Drive

(Mailing Address)

Novato, CA 94998

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

11-22-04
(Date)

Janet S. Kloenhamer

(Typed or printed name of person signing)

Sr. Vice President

(Title of person signing)

FILING FEE \$35