2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# M05000002954

Entity Name: FIREMAN'S FUND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

777 SAN MARIN DRIVE
NOVATO, CA 94998

New Principal Place of Business:

Current Mailing Address:

777 SAN MARIN DRIVE
NOVATO, CA 94998

New Mailing Address:

FEI Number: 20-0832888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROSE, RICHARD J
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: MGRM ( ) Delete
Name: GEBHARDT, RAYMOND W
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: MGRM ( ) Delete
Name: HULL, H. ALLAN
Address: 2995 PROSPECT PARK DRIVE
City-St-Zip: SACRAMENTO, CA 95670

Title: MGRM ( ) Delete
Name: JORDAN, LOUISE
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: MGRM (X) Delete
Name: PEVEHOUSE, CYNTHIA L
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: MGRM (X) Delete
Name: WRIGHT, LINDA E
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAROCCO, MICHAEL E
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: MGRM (X) Change ( ) Addition
Name: NAREY, SALLY B
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: GRIFFTH, TERRY
Address: 777 SAN MARIN DRIVE
City-St-Zip: NOVATO, CA 94998

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALISON HAMMOND ANLY 02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date