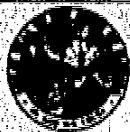


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:07

DOCUMENT # P33353

(4)

1. Corporation Name

FIREMAN'S FUND INSURANCE COMPANY OF NEBRASKA

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**11516 MIRACLE HILLS DRIVE
OMAHA NE 68154**

Mailing Address

**777 SAN MARIN DRIVE
CORP. SECRETARY'S OFFICE
NOVATO CA 94988
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/26/1991

3a. Date of Last Report

04/28/1994

4. FEI Number

71-0526209

Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	STINETTE, JOE L JR
STREET ADDRESS	777 SAN MARIN DR
CITY - ST - ZIP	NOVATO CA 94988
TITLE	SVP
NAME	SWANSON, THOMAS A
STREET ADDRESS	777 SAN MARIN DRIVE
CITY - ST - ZIP	NOVATO CA
TITLE	AS
NAME	JANET M. HOLLAND
STREET ADDRESS	777 SAN MARIN DR
CITY - ST - ZIP	NOVATO CA 94988
TITLE	D
NAME	GARY E. BLACK,
STREET ADDRESS	777 SAN MARIN DR
CITY - ST - ZIP	NOVATO CA
TITLE	DCP
NAME	HANSMEYER, HERBERT F.
STREET ADDRESS	777 SAN MARIN DR
CITY - ST - ZIP	NOVATO CA
TITLE	D
NAME	JOHN F. MEYER
STREET ADDRESS	777 SAN MARIN DR.
CITY - ST - ZIP	NOVATO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO	☒ Change ☐ Addition
1.2 NAME	Joe L. STINETTE, Jr.	
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	D/C	☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

(415) 899-3621

Date

Signature (Phone #)

P35453

FIREMAN'S FUND INSURANCE COMPANY OF NEBRASKA
(formerly Fireman's Fund Insurance Company of Iowa)
(Subsidiary of The American Insurance Company)

PURPOSE: To engage in Property/Liability insurance business.

DIRECTORS

Gary E. Black
Herbert F. Hansmeyer
John F. Meyer

David R. Pollard
Joe L. Stinnette, Jr.
Edmund O. Wall *

ELECTED OFFICERS

Herbert F. Hansmeyer
Joe L. Stinnette, Jr.

John F. Meyer

David R. Pollard
Harold N. Marsh, III

Jeffrey H. Post
Thomas A. Swanson

Edmund O. Wall

Richard G. Warren

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

APPOINTED OFFICERS

Janet M. Holland

Assistant Secretary

Business address: All of the above are located at 777 San Marin Drive, Novato, California 94998, except where noted.

* **Home office address:**
11516 Miracle Hills Drive
Omaha, NE 68154

03/15/95
C.S.O.