

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33353** (4)
1. Corporation Name
FIREMAN'S FUND INSURANCE COMPANY OF NEBRASKA



Principal Place of Business 11516 MIRACLE HILLS DRIVE OMAHA NE 68154	Mailing Address 777 SAN MARIN DRIVE CORP. SECRETARY'S OFFICE NOVATO CA 94990-0001 US
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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
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3. Date Incorporated or Qualified 03/26/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 71-0526209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINETTE, JOE L. J	1.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, THOMAS A	2.2 NAME	
STREET ADDRESS	777 SAN MARIN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET M. HOLLAND	3.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA 94998	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY E. BLACK,	4.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSMeyer, HERBERT F.	5.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	5.4 CITY-ST-ZIP	
TITLE	DCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, JEFFREY H	6.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA 94998	6.4 CITY-ST-ZIP	

14. I do 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 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 an address.

SIGNATURE: _____ DATE: 4/24/97 (415) 899-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham, Secretary of State

CR2E034 (9/96)

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

PURPOSE: To engage in Property/Liability insurance business.

DIRECTORS

Gary E. Black
Herbert F. Hansmeyer
David R. Pollard

Jeffrey H. Post
Joe L. Stinnette, Jr.
Edmund O. Wall *

ELECTED OFFICERS

Herbert F. Hansmeyer
Joe L. Stinnette, Jr.

David R. Pollard
Jeffrey H. Post

Harold N. Marsh, III

Thomas A. Swanson

Edmund O. Wall

Richard G. Warren

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

APPOINTED OFFICERS

Jeannette Y. Wong

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

04/10/97
C.S.O.