

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33353 (4)**  
**1. Corporation Name**  
**FIREMAN'S FUND INSURANCE COMPANY OF NEBRASKA**



<b>Principal Place of Business</b> 11516 MIRACLE HILLS DRIVE OMAHA NE 68154	<b>Mailing Address</b> 777 SAN MARIN DRIVE CORP. SECRETARY'S OFFICE NOVATO CA 94998 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> 03/26/1991	<b>4. FEI Number</b> 71-0526209	Applied For Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCEO</b> <b>\$TINETTE, JOE L. J</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA</b>	<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVP</b> <b>\$WANSON, THOMAS A</b> <b>777 SAN MARIN DRIVE</b> <b>NOVATO CA</b>	<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	<b>S/V</b> <b>Janet S. Kloenhamer</b> <b>777 San Marin Drive</b> <b>Novato CA 94998</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>JANET M. HOLLAND</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA 94998</b>	<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>GARY E. BLACK,</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA</b>	<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DC</b> <b>HANSMAYER, HERBERT F.</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA</b>	<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DCFO</b> <b>POST, JEFFREY H</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA 94998</b>	<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I 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.**

CR2E034 (10/97)

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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.  
Randal A. Swanson

ELECTED OFFICERS

Herbert F. Hansmeyer  
Joe L. Stinnette, Jr.

David R. Pollard  
Jeffrey H. Post

Janet S. Kloenhamer

Harold N. Marsh, III

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, General  
Counsel and Corporate Secretary  
Senior Vice President and  
Treasurer  
Senior Vice President and  
Chief Administrative Officer  
Senior Vice President and  
Controller

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