

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 034 ***150.00

DOCUMENT # P33353

1. Entity Name

FIREMAN'S FUND INSURANCE COMPANY OF NEBRASKA

Principal Place of Business

**1650 FARNAM STREET
 THE OMAHA BLDG. C/O KUTAK ROCK
 OMAHA NE 68102-2186**

Mailing Address

**777 SAN MARIN DRIVE
 CORP. SECRETARY'S OFFICE
 NOVATO CA 94998
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0526209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STINETTE, JOE L. J 777 SAN MARIN DR NOVATO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KLOENHAMER, JANET S 777 SAN MARIN DR NOVATO CA 94998	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WONG, JEANNETTE Y 777 SAN MARIN DR NOVATO CA 94998	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY E. BLACK, 777 SAN MARIN DR NOVATO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HANSMEYER, HERBERT F. 777 SAN MARIN DR NOVATO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC POST, JEFFREY H 777 SAN MARIN DR NOVATO CA 94998	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Julie A. Garrison 777 San Marin Drive Novato CA 94998	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie A. Garrison
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie A. Garrison

03/13/02

Date

(415) 899-2000

Daytime Phone #

Attachment # P33353/611817

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

Douglas A. Brown*
Peter Huehne
Janet S. Kloenhamer

H. David Lundgren
Harold N. Marsh, III
Jeffrey H. Post

ELECTED OFFICERS

Jeffrey H. Post

Chairman of the Board, President and
Chief Executive Officer

Peter Huehne

Executive Vice President and
Chief Financial Officer

Janet S. Kloenhamer

Senior Vice President, General
Counsel and Corporate Secretary

Harold N. Marsh, III

Senior Vice President and
Treasurer

APPOINTED OFFICERS

Julie A. Garrison

Assistant Secretary

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

Home office address:

c/o Kutak Rock, The Omaha Bldg., 1650 Farnam Street
Omaha, NE 68102-2186

* 501 40th Street SW, Fargo ND 58103-1123

03/13/02
C.S.O.