2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#830530

Entity Name: FAIRMONT SPECIALTY INSURANCE MANAGERS, INC.

FILED Jul 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
305 MADISON AVE POST OFFICE BOX 2807 MORRISTOWN, NJ 07962				305 MADISON AVE MORRISTOWN, NJ 07962		
Current Mailing Address:				New Mailing Address:		
10777 WESTHEIMER POST OFFICE BOX 2807 HOUSTON, TX 77252			10350 RICHMOND AVENUE, SUITE 300 HOUSTON, TX 77042			
FEI Number: 74-1385078 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	P () [ADEE, MARC J 10777 WESTHEI HOUSTON, TX 7			Title: Name: Address: City-St-Zip:	ADEE, MARC J	Change () Addition ND AVENUE, SUITE 300 77042
Title: Name: Address: City-St-Zip:		Delete S, MIKOLAS √E		Title: Name: Address: City-St-Zip:		Change () Addition AS M AVE
Title: Name: Address: City-St-Zip:	D () E BRAUNSTEIN, JO 305 MADISON AN MORRISTOWN,	√ E		Title: Name: Address: City-St-Zip:	D, C (X) BRAUNSTEIN, J 305 MADISON A MORRISTOWN,	\VE
Title: Name: Address: City-St-Zip:	D () E ROBERTSON, M 305 MADSION AN MORRISTOWN,	ARY JANE √E		Title: Name: Address: City-St-Zip:	D, C (X) ROBERTSON, M 305 MADSION A MORRISTOWN,	\VE
Title: Name: Address: City-St-Zip:	VP ()[HAMMER, DENN 305 MADISON AN MORRISTOWN,	V E		Title: Name: Address: City-St-Zip:	SVP (X) HAMMER, DENI 305 MADISON A MORRISTOWN,	\VE
Title: Name: Address: City-St-Zip:	VPS ()[GASPARIK, VALI 305 MADISON AV	√E		Title: Name: Address: City-St-Zip:	BROWN, DUAN	ND AVENUE, SUITE 300

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE W. BROWN ASEC 07/11/2008