2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#830530

FILED Apr 07, 2009 Secretary of State

Entity Name: FAIRMONT SPECIALTY INSURANCE MANAGERS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
305 MADISON AVE MORRISTOWN, NJ 07962							
Current Mailing Address:			New Mailing Address:				
10350 RICHMOND AVENUE, SUITE 300 HOUSTON, TX 77042							
FEI Number: 74-1385078 FEI Number Applied For () FEI Num			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Na					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			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ADEE, MARC J	Delete ND AVENUE, SUITE 300 77042		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D, C () LIBBY, DOUGLA 305 MADISON A MORRISTOWN,	VE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D, C () BRAUNSTEIN, J 305 MADISON A MORRISTOWN,	VE		Title: Name: Address: City-St-Zip:	SEC KRAUS, JAN 305 MADISO MORRISTO		
Title: Name: Address: City-St-Zip:	D, C () ROBERTSON, M 305 MADSION A MORRISTOWN,	VE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () HAMMER, DENN 305 MADISON A MORRISTOWN,	VE		Title: Name: Address: City-St-Zip:	D.C. HAMMER, E 305 MADISO MORRISTO		
Title: Name: Address: City-St-Zip:	BROWN, DUANE	ND AVENUE, SUITE 300		Title: Name: Address: City-St-Zip:		() Change () Addition	
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: MARC J. ADEE

P 04/07/2009