

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002931

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC8370377342**

**Entity Name:** FAIRMONT SPECIALTY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1208 MASSILLON ROAD  
SUITE G200  
AKRON, OH 44306

**Current Mailing Address:**

1208 MASSILLON ROAD  
SUITE G200  
AKRON, OH 44306 US

**FEI Number:** 34-1920152

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**Officer/Director Detail :**

Title VP  
Name RUSHOVICH, DENNIS C  
Address 1208 MASSILLON ROAD  
SUITE G200  
City-State-Zip: AKRON OH 44306

Title VP  
Name SACHS, CHRISTOPHER R  
Address 1208 MASSILLON ROAD  
SUITE G200  
City-State-Zip: AKRON OH 44306

Title VP  
Name THOMPSON, LYNN M  
Address 1208 MASSILLON ROAD  
SUITE G200  
City-State-Zip: AKRON OH 44306

Title ASST. SECRETARY  
Name ADAMS, PATRICIA M  
Address 1208 MASSILLON ROAD  
SUITE G200  
City-State-Zip: AKRON OH 44306

Title PRESIDENT, CFO, CHAIRMAN  
Name ADEE, MARK J  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title EXECUTIVE VICE PRESIDENT  
Name MCGEDDY, GARY J  
Address 5 CHRISTOPHER WAY  
3RD FLOOR  
City-State-Zip: EATONTOWN NJ 07724

Title VP  
Name DEBARE, HOWARD  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title SECRETARY  
Name KRAUS, JAMES V  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

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*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA ADAMS

**ASSISTANT SECRETARY** 01/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT VICE PRESIDENT  
Name WHITAKER, DOROTHY D  
Address 2850 LAKE VISTA DRIVE  
SUITE 150  
City-State-Zip: LEWISVILLE TX 75067

Title ASSISTANT VICE PRESIDENT  
Name WOODS, LAUREN  
Address 5 CHRISTOPHER WAY  
3RD FLOOR  
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR  
Name MULREADY, STEPHEN M  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title ASSISTANT VICE PRESIDENT  
Name SPENCER, MELODY  
Address 2850 LAKE VISTA DRIVE  
SUITE 150  
City-State-Zip: LEWISVILLE TX 75067

Title VP, CFO, DIRECTOR  
Name BASSALINE, PAUL W  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title VP  
Name SCAGLIONE, CARMINE  
Address 305 MADISON AVENUE  
City-State-Zip: MORRISTOWN NJ 07962