

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 858321 (3)

1. Corporation Name

FAIRMONT INSURANCE COMPANY

Principal Place of Business

444 MARKET STREET
SAN FRANCISCO CA 94111

Mailing Address

5205 N. O'CONNOR BLVD.
IRVING TX 75039
US



3. Date Incorporated or Qualified

11/02/1983

3a. Date of Last Report

04/10/1995

4. FEI Number

94-1737938

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUTSON, DON P
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY- ST- ZIP IRVING TX 75039

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VDC
NAME PICKETT, EDWIN G
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY- ST- ZIP IRVING TX 75039

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VD
NAME DBICH, ELI
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY- ST- ZIP IRVING TX 75039

☒ DELETE

3.1 TITLE V/D
3.2 NAME MCCLIMON, LON P.
3.3 STREET ADDRESS 5205 N. O'CONNOR BLVD.
3.4 CITY- ST- ZIP IRVING, TX 75039

☐ Change ☒ Addition

TITLE VD
NAME SCHOLL, DAVID C
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY- ST- ZIP IRVING TX 75039

☐ DELETE

4.1 TITLE V
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE SDV
NAME HUFF, WILLIAM H
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY- ST- ZIP IRVING TX 75039

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SV
NAME CHASE, JAY C
STREET ADDRESS 444 MARKET STREET
CITY- ST- ZIP SAN FRANCISCO CA 94111

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)