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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 650 California Street

22 Suite, Apt. #, etc.
2nd Floor

City & State

23 San Francisco, California

24 Zip
94108

25 Country
US

2a. Mailing Address

26 5205 N. O'CONNOR BLVD.

27 Suite, Apt. #, etc.

City & State

28 Irving TX 75039

29 Zip

30 Country
US

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE VD
NAME MCCLIMON, LON P
STREET ADDRESS 5205 N O'CONNER B;VD
CITY-ST-ZIP IRVING TX ☐ DELETE

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

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

TITLE VD
NAME CHASE, JAY C
STREET ADDRESS 444 MARKET STREET
CITY-ST-ZIP SAN FRANCISCO CA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Hennessy, Mary R.
1.3 STREET ADDRESS 65 E. 55th Street
1.4 CITY-ST-ZIP New York, NY ☐ Change ☒ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

14. 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 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.

CR2E034 (10/97)