

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90005 035 ***150.00

DOCUMENT # 858321

1. Entity Name
FAIRMONT INSURANCE COMPANY

Principal Place of Business

Mailing Address

650 CALIFORNIA ST
2ND FLOOR
SAN FRANCISCO CA 94108
US

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

2. Principal Place of Business

5205 N. O'Connor Blvd.

3. Mailing Address

P.O. Box 152870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Irving, TX

City & State

Irving, TX

4. FEI Number

94-1737938

Applied For

Not Applicable

Zip

75039

Country

USA

Zip

75015

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, COURTNEY C
STREET ADDRESS 5205 N OCONNOR BLVD
CITY-ST-ZIP IRVING TX 75039 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ARIZAGA, NICOLAS A
STREET ADDRESS 5205 N OCONNOR BLVD
CITY-ST-ZIP IRVING TX 75039 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DONOVAN, R S
STREET ADDRESS 5205 N O'CONNER B;VD
CITY-ST-ZIP IRVING TX 75039 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DM
NAME TAYLOR, FRANK C
STREET ADDRESS 5205 N OCONNOR BLVD
CITY-ST-ZIP IRVING TX 75039 ☒ Delete

TITLE DM
NAME Fontein, Frederik, M
STREET ADDRESS 5205 N. O'Connor Blvd.
CITY-ST-ZIP Irving, TX 75039 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DM
NAME TAYLOR, FRANKC
STREET ADDRESS 5205 N OCONNOR BLVD
CITY-ST-ZIP IRVING TX 75039 ☒ Delete

TITLE DM
NAME Magee, John C III
STREET ADDRESS 5205 N. O'Connor Blvd.
CITY-ST-ZIP Irving, TX 75039 ☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Huff, III

William H. Huff, III

02/15/02 (972)831-6248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E084 (9/01)