

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 034 ***150.00

DOCUMENT # 858321

1. Entity Name
FAIRMONT INSURANCE COMPANY



Principal Place of Business
**5205 N. O'CONNOR BLVD
IRVING, TX 75039 US**

Mailing Address
**P.O. BOX 152870
IRVING, TX 75015 US**

10777 Westheimer Rd. Ste 5S

54063517



2. Principal Place of Business
Houston, Texas

3. Mailing Address
10777 Westheimer Rd. Ste 5

Suite, Apt. #, etc.
5 South

Suite, Apt. #, etc.
5 South

City & State
Houston, Texas

City & State
Houston, Texas

Zip
77042

Country
USA

Zip
77042

Country
USA

07072004 Chg-P CR2E034 (10/03)

4. FEI Number
94-1737938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DONOVAN, SCOTT
5205 N OCONNOR BLVD
IRVING, TX 75039** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SLUKA, MICHAEL
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GILLET, WILLIAM
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIBBS, DENNIS
250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BOWDEN, TRACY
5205 N. O'CONNOR BLVD.
IRVING, TX 75039** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**svp
Sharlene Husky
10777 Westheimer Rd Ste 5S
Houston, Texas 77042** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Marc J. Adey
10777 Westheimer Rd., Ste 5 South
Houston, Texas 77042** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Linda Eppolito
10777 Westheimer Rd. Ste 5 South
Houston, Texas 77042** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Nicole Bennett
10777 Westheimer Rd. Ste 5 South
77042** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Loyd Godbold
10777 Westheimer Rd., Ste 5 South
Houston, Texas 77042** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Eileen McCollum
10777 Westheimer Rd., Ste 5 South
Houston, Texas 77042** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Eileen McCollum
10777 Westheimer Rd., Ste 5 South
Houston, Texas 77042** ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen McCollum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN MCCOLLUM

Date

Daytime Phone #

7/8/04 713-954-8360

Fairmont

Specialty Group

a FAIRFAX company

Attachment

54063577

858321

July 8, 2004

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Fairmont Insurance Company
2004 Annual Report

Dear Sir or Madam:

Enclosed please find 2004 Annual Report for the subject company along with a check in the amount of \$150.00.

Should you have any questions or need anything further, please feel free to contact me at the above address or directly at 713-954-8360.

Sincerely,



Eileen McCollum
Paralegal

ECM

Enclosures