## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 858321** 

Entity Name: FAIRMONT INSURANCE COMPANY

FILED Feb 20, 2003 Secretary of State

Current Bringing Bloss of Business			Now Prince	New Principal Place of Business:	
Current Principal Place of Business:			IAGA LIIIC	ipai Flace of Busilless.	
5205 N. O'( IRVING, TX	CONNOR BLV ( 75039 US				
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 1 IRVING, TX		3			
FEI Number:	94-1737938	FEI Number Applied For ( ) FEI N	lumber Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
THE CAPIT		COMMISSIONER 01 US			
The above in the State		submits this statement for the purpose	e of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () SMITH, COURT 5205 N OCONN IRVING, TX 750	OR BLVD	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition DONOVAN, SCOTT 5205 N OCONNOR BLVD IRVING, TX 75039	
Title: Name: Address: City-St-Zip:	T () ARIZAGA, NICO 5205 N OCONN IRVING, TX 750	OR BLVD	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition SLUKA, MICHAEL 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	D () DONOVAN, R S 5205 N O'CONN IRVING, TX 750	IER B;VD	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition GILLETT, WILLIAM 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	DM () FONTEIN, FREI 5205 N OCONN IRVING, TX 750	OR BLVD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GIBBS, DENNIS 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	SDV () HUFF, WILLIAN 5205 N. O'CONI IRVING, TX 750	NOR BLVD.	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition BOWDEN, TRACY 5205 N. O'CONNOR BLVD. IRVING, TX 75039	
Title: Name: Address: City-St-Zip:	DM (X) MAGEE, JOHN 5205 N OCONN IRVING TX 750	OR BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TRACY BOWDEN AS 02/20/2003