

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90090 039 \*\*\*150.00

**DOCUMENT # F99000003200**

1. Entity Name  
**FAIRMONT SPECIALTY INSURANCE COMPANY**



Principal Place of Business  
**10777 WESTHEIMER  
P.O. BOX 2807  
HOUSTON, TX 77252**

Mailing Address  
**10777 WESTHEIMER  
P.O. BOX 2807  
HOUSTON, TX 77252**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-P

CR2E034 (11/05)

4. FEI Number

**74-1280541**

Applied For

Not Applicable

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

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

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ADEE, MARC<br>10777 WESTHEIMER ROAD<br>HOUSTON, TX 77042  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>MORGAN, LINDSEY R<br>10777 WESTHEIMER<br>HOUSTON, TX 77042 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>GREEN, DAVID O<br>10777 WESTHEIMER<br>HOUSTON, TX 77042  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MUNDY, PAUL<br>10777 WESTHEIMER ROAD<br>HOUSTON, TX 77042  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GODBOLD, LOYD<br>10777 WESTHEIMER<br>HOUSTON, TX 77042     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUSKY, SHARLENE<br>10777 WESTHEIMER<br>HOUSTON, TX 77042   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ****PLEASE SEE THE ATTACHED<br>LIST OF OFFICERS AND DIRECTORS**** | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sharlene J. Husky, Sr. VP/Secretary**

Date

**3/30/06**  
Daytime Phone #

**Fairmont**

**Specialty Group**

a FAIRFAX company

ATTACHMENT

40053686

#F99000003200

March 31, 2006

Via Regular Mail

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: 2006 for Profit Corporation Annual Report for Fairmont Specialty Insurance  
Company

To Whom It May Concern:

Enclosed herein please find the executed original report referenced above, along with the  
requisite fee.

Thank you.

Respectfully,

*MS*

Melissa A. Sibley, CLA  
Certified Legal Assistant  
Enclosures

ATTACHMENT

40053686  
#F99000083200

**FAIRMONT SPECIALTY INSURANCE COMPANY  
F/K/A RANGER INSURANCE COMPANY  
AS OF FEBRUARY 1, 2006**

Directors

Marc Adee\*  
Loyd Godbold\*  
Sharlene Husky\*  
David Green\*

Officers

Marc Adee, President\*  
Nicole Bennett Smith, Senior Vice President+  
Loyd Godbold, Senior Vice President\*  
David Green, Executive Vice President\*  
Paul Mundy, Assistant Vice President, Treasurer\*  
Darrin Faas, Assistant Treasurer\*  
Gary McGeddy, Executive Vice President\*\*\*  
Lloyd Chaffin, Senior Vice President\*\*  
Chris Throckmorton, Senior Vice President & Chief Actuary\*  
Sharlene Husky, Senior Vice President & Secretary\*  
Gus Aivaliotis, Vice President of Corporate Underwriting\*  
Richard Klimaszewski, Vice President\*  
Eileen McCollum, Assistant Secretary\*  
Michael Ziemer, Assistant Vice President\*  
Erica Arnold, Assistant Secretary\*\*\*\*  
Adeline Haft, Assistant Secretary\*\*\*\*  
Duane Brown, Assistant Secretary\*  
Jamey Baker, Assistant Secretary\*\*\*\*  
John Newton, Assistant Vice President\*

Addresses:

\*10777 Westheimer, Ste. 500  
Houston, Texas 77042

\*\*733 Bishop Street, Suite 2200  
Honolulu Hawaii 96813

\*\*\*5 Christopher Way, 3rd Floor  
Eatontown, New Jersey 07724

\*\*\*\*5205 N. O'Connor Blvd.  
Irving, Texas 75039

+ 4058 Guadeloupe Street, Boulder, CO 80301