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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 24 PM 1:04

DOCUMENT # P37797

(8)

1. Corporation Name

FAIRFIELD INSURANCE COMPANY

Principal Place of Business

P.O. BOX 10167
STAMFORD CT 06904-2167

Mailing Address

P.O. BOX 10167
STAMFORD CT 06904-2167

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

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 agent 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	NAME	STREET ADDRESS	CITY-ST-ZIP
CP	WARREN, WILLIAM DAVID	777 LONG RIDGE ROAD	STAMFORD CT
DV	CHENEY, PETER ALEXANDER	777 LONG RIDGE ROAD	STAMFORD CT
DV	MCCAFFREY, TIMOTHY T.	777 LONG RIDGE ROAD	STAMFORD CT
DV	EAGER, ROBERT WILLIAM JR	777 LONG RIDGE ROAD	STAMFORD CT
S	QUINN, ANNE MICHELE	777 LONG RIDGE ROAD	STAMFORD CT
T	AHEARN, JOHN FRANCIS	777 LONG RIDGE ROAD	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PDC	111 Duncan Drive	Greenwich, CT 06831		☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
225 E. 57th Street, Apt. 12-F	New York, NY 10022			☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
30 Ludlow Road	Westport, CT 06880			☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
262 White Oak Shade Road	New Canaan, CT 06840			☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
VS 148 Stamford Avenue	Stamford, CT 06905			☒	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
V 6 Bronson Avenue	Scarsdale, NY 10583			☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

(203)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here

John P. Ahearn, Vice President and Controller 3/17/95 329-7700