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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37797

1. Corporation Name
FAIRFIELD INSURANCE COMPANY

Principal Place of Business	Mailing Address
695 EAST MAIN STREET STAMFORD CT 06904 US	695 EAST MAIN STREET STAMFORD CT 06904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/06/1992

4. FEI Number: 06-1325512 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 office 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRANDON, JOSEPH P		1.2 NAME		
STREET ADDRESS	49 HEATHER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE CT		1.4 CITY-ST-ZIP		
TITLE	SVPD	☒ DELETE	2.1 TITLE	PCEO	☐ Change ☒ Addition
NAME	FROHBOESE, ERNEST C		2.2 NAME	RONALD E. FERGUSON	
STREET ADDRESS	55 FERRIS HILL ROAD		2.3 STREET ADDRESS	695 EAST MAIN STREET	
CITY-ST-ZIP	NEW CANAAN CT		2.4 CITY-ST-ZIP	STAMFORD, CT 06904	
TITLE	VPSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARR, CHARLES F		3.2 NAME		
STREET ADDRESS	298 DANBURY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT		3.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EAGER, ROBERT WILLIAM JR		4.2 NAME		
STREET ADDRESS	262 WHITE OAK SHADE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MONRAD, ELIZABETH A		5.2 NAME		
STREET ADDRESS	44 FOUR WINDS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTY, RICHARD G		6.2 NAME		
STREET ADDRESS	11 CIDER MILL PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Richard G. McCarty REQUIRED Richard G. McCarty 3/10/99 203 328-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)