2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90002 029 ***150.00

DOCUMENT # P37797

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1325512 ☐ 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
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDON, JOSEPH P 49 HEATHER ROAD MONROE CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO FERGUSON, RONALD E 695 EAST MAIN ST STAMFORD CT 06904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD BARR, CHARLES F 298 DANBURY ROAD RIDGEFIELD CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP EAGER, ROBERT WILLIAM JR 262 WHITE OAK SHADE RD NEW CANAAN CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tom N. Kellogg 695 East Main Street Stamford, CT 06904	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONRAD, ELIZABETH A 44 FOUR WINDS LANE NEW CANAAN CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCCARTY, RICHARD G 11 CIDER MILL PLACE WILTON CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. McCarty Richard G. McCarty 2/1/00 (203) 328-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #