

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37797

1. Entity Name

FAIRFIELD INSURANCE COMPANY

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90060 034 ***150.00

A0023466



DO NOT WRITE IN THIS SPACE

Principal Place of Business 695 EAST MAIN STREET STAMFORD CT 06904 US		Mailing Address 695 EAST MAIN STREET STAMFORD CT 06904 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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 THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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
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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 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FERGUSON, RONALD E 695 EAST MAIN ST STAMFORD CT 06904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BARR, CHARLES F 298 DANBURY ROAD RIDGEFIELD CT ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Timothy T. McCaffrey 695 East Main Street Stamford, CT 06901 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLOGG, TOM N 685 E. MAIN ST. STAMFORD CT 06904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 ☐ Addition
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 ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. McCarty Richard G. McCarty 2/1/01 (203) 328-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)