# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 16, 2002 8:00 am**
**Secretary of State**
04-16-2002 90142 009 ***150.00

DOCUMENT # P37797 ✓

1. Entity Name
FAIRFIELD INSURANCE COMPANY

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830592

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 695 East Main Street | 695 East Main Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Stamford, CT | City & State: Stamford, CT |
| Zip: 06904 Country: USA | Zip: 06904 Country: USA |

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: The Florida Insurance Commissioner
Street Address (P.O. Box Number is Not Acceptable): The Capitol
City: Tallahassee, Florida Zip Code: FL 32399-0300

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

| | |
|---|---|
| TITLE | DIRECTOR |
| NAME | BRANDON, JOSEPH P |
| STREET ADDRESS | 49 HEATHER ROAD |
| CITY-ST-ZIP | MONROE, CT |
| TITLE | DIRECTOR |
| NAME | STEENECK, LEE R. |
| STREET ADDRESS | 695 EAST MAIN STREET |
| CITY-ST-ZIP | STAMFORD, CT 06904 |
| TITLE | VPSD |
| NAME | MCCAFFREY, TIMOTHY T. |
| STREET ADDRESS | 695 EAST MAIN STREET |
| CITY-ST-ZIP | STAMFORD, CT 06904 |
| TITLE | PRESIDENT |
| NAME | MONTROSSE FRANKLIN IV |
| STREET ADDRESS | 695 EAST MAIN STREET |
| CITY-ST-ZIP | STAMFORD, CT 06904 |
| TITLE | TREASURER |
| NAME | MONRAD, ELIZABETH A |
| STREET ADDRESS | 44 FOUR WINDS LANE |
| CITY-ST-ZIP | NEW CANAAN, CT |
| TITLE | ASSISTANT SECRETARY |
| NAME | MCCARTY, RICHARD G. |
| STREET ADDRESS | 11 CIDER MILL PLACE |
| CITY-ST-ZIP | WILTON, CT |

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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 on an attachment with an address, with all other like empowerment.

SIGNATURE: Richard G. McCarty Richard G. McCarty 01/24/02 (203) 328-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #