2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90050 026 ***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

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

J94422545

02052004 Chg-P CR2E034 (10/03)

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Insurance Commissioner The Capitol	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDON, JOSEPH P ~~40 HEATHER ROAD~~ ~~MONROE, CT~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	change of addresss only: 19 Saugatuck Drive Weston, CT 06883	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BRANDON, JOSEPH P 695 EAST MAIN ST STAMFORD, CT 06901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEENECK, LEE R 695 E. MAIN ST STAMFORD, CT 06901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MCCAFFREY, TIMOTHY T 695 E. MAIN ST STAMFORD, CT 06901	☐ 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	T William G. Gasdaska Jr. 44 Scofield Farms Road Darien, CT 06820	☐ 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	06897	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. McCarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. McCarty 2/13/04 203-328-5000
Assistant Secretary
Date Daytime Phone #