

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830530

**Entity Name:** FAIRMONT SPECIALTY INSURANCE MANAGERS, INC.**Current Principal Place of Business:**305 MADISON AVE  
MORRISTOWN, NJ 07962**Current Mailing Address:**10350 RICHMOND AVENUE, SUITE 300  
HOUSTON, TX 77042**FEI Number: 74-1385078****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	ADEE, MARC J
Address	10350 RICHMOND AVENUE, SUITE 300
City-State-Zip:	HOUSTON TX 77042

Title	SEC
Name	KRAUS, JAMES V
Address	305 MADISON AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	D.C.
Name	MULREADY, STEPHEN M
Address	305 MADISON AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	D, C
Name	LIBBY, DOUGLAS M
Address	305 MADISON AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	D, C
Name	ROBERTSON, MARY JANE
Address	305 MADISON AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	ASST. SECRETARY
Name	HILDEBRAND, JOHN
Address	824 FRONT STREET
City-State-Zip:	CONWAY AR 72033

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARC J. ADEE****PRESIDENT****04/15/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date