

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:04

DOCUMENT # P37797 (8)

1. Corporation Name
FAIRFIELD INSURANCE COMPANY

Principal Place of Business Mailing Address
P.O. BOX 10167 P.O. BOX 10167
STAMFORD CT 06904-2167 STAMFORD CT 06904-2167

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1992	3a. Date of Last Report 03/24/1994
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.	4. FEI Number 06-1325512		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300				B1 Name			
				B2 Street Address (P.O. Box Number Is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	NAME WARREN, WILLIAM DAVID	1.1 TITLE PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	1.2 NAME 111 Duncan Drive	
		1.3 STREET ADDRESS Greenwich, CT 06831	
		1.4 CITY-ST-ZIP	
TITLE DV	NAME CHENEY, PETER ALEXANDER	2.1 TITLE 225 E. 57th Street, Apt. 12-F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	2.2 NAME New York, NY 10022	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE DV	NAME MCCAFFREY, TIMOTHY T.	3.1 TITLE 30 Ludlow Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	3.2 NAME Westport, CT 06880	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE DV	NAME EAGER, ROBERT WILLIAM JR	4.1 TITLE 262 White Oak Shade Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	4.2 NAME New Canaan, CT 06840	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE S	NAME QUINN, ANNE MICHELE	5.1 TITLE 148 Stamford Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	5.2 NAME Stamford, CT 06905	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE T	NAME AHEARN, JOHN FRANCIS	6.1 TITLE 6 Bronson Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE ROAD	CITY-ST-ZIP STAMFORD CT	6.2 NAME Scarsdale, NY 10583	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. (203)

SIGNATURE *John P. Ahearn* **John P. Ahearn, Vice President and Controller** **3/17/95 329-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #