

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90053 046 ***150.00

UP04609

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P37797
 1. Corporation Name
FAIRFIELD INSURANCE COMPANY

Principal Place of Business 695 EAST MAIN STREET STAMFORD CT 06904 US	Mailing Address 695 EAST MAIN STREET STAMFORD CT 06904 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 03/06/1992	4. FEI Number 06-1325512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BRANDON, JOSEPH P 49 HEATHER ROAD MONROE CT	<input type="checkbox"/> DELETE	
TITLE SVPD	FROHBOESE, ERNEST C 55 FERRIS HILL ROAD NEW CANAAN CT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PCEO
TITLE VPSD	BARR, CHARLES F 298 DANBURY ROAD RIDGEFIELD CT	<input type="checkbox"/> DELETE	2.2 NAME RONALD E. FERGUSON
TITLE EVP	EAGER, ROBERT WILLIAM JR 262 WHITE OAK SHADE RD NEW CANAAN CT	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 695 EAST MAIN STREET
TITLE T	MONRAD, ELIZABETH A 44 FOUR WINDS LANE NEW CANAAN CT	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP STAMFORD, CT 06904
TITLE AS	MCCARTY, RICHARD G 11 CIDER MILL PLACE WILTON CT	<input type="checkbox"/> DELETE	3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BRANDON, JOSEPH P 49 HEATHER ROAD MONROE CT	<input type="checkbox"/> DELETE	
TITLE SVPD	FROHBOESE, ERNEST C 55 FERRIS HILL ROAD NEW CANAAN CT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PCEO
TITLE VPSD	BARR, CHARLES F 298 DANBURY ROAD RIDGEFIELD CT	<input type="checkbox"/> DELETE	2.2 NAME RONALD E. FERGUSON
TITLE EVP	EAGER, ROBERT WILLIAM JR 262 WHITE OAK SHADE RD NEW CANAAN CT	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 695 EAST MAIN STREET
TITLE T	MONRAD, ELIZABETH A 44 FOUR WINDS LANE NEW CANAAN CT	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP STAMFORD, CT 06904
TITLE AS	MCCARTY, RICHARD G 11 CIDER MILL PLACE WILTON CT	<input type="checkbox"/> DELETE	3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. McCarty **Richard G. McCarty** 3/10/99 203 328-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)