

**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**

**DO NOT WRITE IN THIS SPACE**

**830592**

2. Principal Place of Business  
**695 East Main Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**695 East Main Street**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**The Florida Insurance Commissioner**

Street Address (P.O. Box Number is Not Acceptable)  
**The Capitol**

**Tallahassee, Florida**

City  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR BRANDON, JOSEPH P 49 HEATHER ROAD MONROE, CT</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR STEENECK, LEE R. 695 EAST MAIN STREET STAMFORD, CT 06904</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSD MCCAFFREY, TIMOTHY T. 695 EAST MAIN STREET STAMFORD, CT 06904</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT MONTROSS, FRANKLIN IV 695 EAST MAIN STREET STAMFORD, CT 06904</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER MONRAD, ELIZABETH A 44 FOUR WINDS LANE NEW CANAAN, CT</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASSISTANT SECRETARY MCCARTY, RICHARD G. 11 CIDER MILL PLACE WILTON, CT</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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 empowerments.

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 #