No. C 74792		Due no later than Jan 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed.		2. Registered Age	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON				921 S ORCHAR				
PO BOX 83720 BOISE, ID 83720-0080		FAIRMONT SPECIALTY INSURANCE MANAGERS, INC. CHRISTINE FRISBY P.O. BOX 2807 HOUSTON TX 77252		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARC JAME	S ADEE	305 MADISON AVE.	MORRISTOWN	NJ	USA	07962	
DIRECTOR PAUL WILLIAM BASSALINE		AM BASSALINE	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
PRESIDENT MARC JAMES A			305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
SECRETARY JAMES V. KRAI			305 MADISON AVE.	MORRISTOWN	NJ	USA	07962	
VICE PRESIDENT PAUL WILLIAM BASSALINE			305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
DIRECTOR	STEPHEN M	ICHAEL MULREADY	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
TX C 74792		Signature: Christine Frisby			Date: 01/07/2015			
		Name (type or print): Christine Frisby		·	Title: Exec. Admin			
Processed 01/07/2015 * Electronically provided signatures are accepted as original signatures.								