

No. <b>C 74792</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FAIRMONT SPECIALTY INSURANCE MANAGERS, INC. CHRISTINE FRISBY P.O. BOX 2807 HOUSTON TX 77252		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARC JAMES ADEE	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
SECRETARY	JAMES V. KRAUS	305 MADISON AVE.	MORRISTOWN	NJ	USA	07962	
VICE PRESIDENT	PAUL WILLIAM BASSALINE	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
DIRECTOR	STEPHEN MICHAEL MULREADY	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
DIRECTOR	MARC JAMES ADEE	305 MADISON AVE.	MORRISTOWN	NJ	USA	07962	
DIRECTOR	PAUL WILLIAM BASSALINE	305 MADISON AVE	MORRISTOWN	NJ	USA	07962	
5. Organized Under the Laws of:  <b>TX</b> <b>C 74792</b>		6. Annual Report must be signed.*  Signature: Christine Frisby Name (type or print): Christine Frisby					
		Date: 01/05/2016 Title: Exec. Admin.					
Processed 01/05/2016		* Electronically provided signatures are accepted as original signatures.					