

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

FILED
Jun 11, 2012
Secretary of State

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Current Principal Place of Business:

80 PINE ST.
NEW YORK, NY 10005

New Principal Place of Business:

80 PINE STREET
NEW YORK, NY 10005

Current Mailing Address:

80 PINE ST.
NEW YORK, NY 10005

New Mailing Address:

80 PINE STREET
NEW YORK, NY 10005

FEI Number: 13-3333610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: ORLICH, ROBERT F
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: TIZZIO, THOMAS R
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: CFOD
Name: SKALICKY, STEVEN S
Address: 80 PINE ST.
City-St-Zip: NEW YORK, NY 10005

Title: SVP
Name: BRANDT, KENNETH W
Address: 80 PINE ST.
City-St-Zip: NEW YORK, NY 10005

Title: SVPD
Name: SCHWARTZ, GARY
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: D
Name: APFEL, KENNETH
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY MARIE CINQUEGRANA

CS

06/11/2012

Electronic Signature of Signing Officer or Director

Date