

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY**Current Principal Place of Business:**1636 BROADWAY, 16TH FLOOR
NEW YORK, NY 10006**Current Mailing Address:**80 PINE STREET
NEW YORK, NY 10005**FEI Number:** 13-3333610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:** ANNUAL REPORTS

04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name SAPNAR, MICHAEL C
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name SKALICKY, STEVEN S
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name BRANDT, KENNETH W
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title EVP, DIRECTOR
Name SCHWARTZ, GARY ALLEN
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name APFEL, KENNETH
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title SECRETARY
Name CINQUEGRANA, AMY MARIE
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title TREASURER
Name READY, JAMES
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name VIJIL, JAVIER EDMUNDO
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

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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**SECRETARY**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SPENCE, JULIAN HEWITT
Address	80 PINE STREET
City-State-Zip:	NEW YORK NY 10005