2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
0878401482CC

DOCUMENT# 849227

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Current Principal Place of Business:

ONE LIBERTY PLACE
165 BROADWAY
NEW YORK, NY 10006

Current Mailing Address:

ONE LIBERTY PLACE
165 BROADWAY
NEW YORK, NY 10006 US

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 04/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CEO, DIRECTOR	Title	DIRECTOR
Name	O'GWEN, CHRISTOPHER A.	Name	BRANDT, KENNETH W.
Address	ONE LIBERTY PLACE 165 BROADWAY	Address	ONE LIBERTY PLACE 165 BROADWAY
City-State-Zip:	NEW YORK NY 10006	City-State-Zip:	NEW YORK NY 10006
Title	SECRETARY	Title	DIRECTOR
Name	CINQUEGRANA, AMY MARIE	Name	MAHONEY, MATTHEW D.
Address	ONE LIBERTY PLACE 165 BROADWAY	Address	ONE LIBERTY PLACE 165 BROADWAY
City-State-Zip:	NEW YORK NY 10006	City-State-Zip:	NEW YORK NY 10006
Title	DIRECTOR	Title	DIRECTOR
Name	MCKEON, PAUL FRANCIS	Name	LEVENE, BETH A.
Address	ONE LIBERTY PLACE 165 BROADWAY	Address	80 PINE STREET 7TH FLOOR
City-State-Zip:	NEW YORK NY 10006	City-State-Zip:	NEW YORK NY 10005
Title	DIRECTOR	Title	CFO
Name	BYRON, DONNA N.	Name	GALLAHUE, BRIAN
Address	ONE LIBERTY PLACE 165 BROADWAY	Address	ONE LIBERTY PLACE 165 BROADWAY
City-State-Zip:	NEW YORK NY 10006	City-State-Zip:	NEW YORK NY 10006

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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 04/29/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLOHAN, SUZANNE BARRY
Address	80 PINE STREET
City-State-Zip:	NEW YORK NY 10005