

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY**Current Principal Place of Business:**80 PINE STREET
NEW YORK, NY 10005**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:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name ORLICH, ROBERT F
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

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

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

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

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

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

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

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****05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date