

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 849227

**Entity Name:** FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC4801511259**

**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:**

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

04/28/2014

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

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

Title            EVP, 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**

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date