

2019 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 849227

FILED
Mar 22, 2019
Secretary of State
8861034748CR

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Current Principal Place of Business:

165 BROADWAY
16TH FLOOR
NEW YORK, NY 10006

Current Mailing Address:

165 BROADWAY
16TH FLOOR
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

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name SAPNAR, MICHAEL C
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name SKALICKY, STEVEN SALVATORE
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name BRANDT, KENNETH W
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title EVP, DIRECTOR
Name SCHWARTZ, GARY ALLEN
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name APFEL, KENNETH
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title SECRETARY
Name CINQUEGRANA, AMY MARIE
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title TREASURER
Name READY, JAMES
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name KELLEY, EDWARD J,
Address 165 BROADWAY
 16TH FLOOR
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

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPENCE, JULIAN HEWITT
Address 165 BROADWAY
 16TH FLOOR
City-State-Zip: NEW YORK NY 10006