2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

FILED May 01, 2020 Secretary of State 6178657337CC

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 05/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Name

Name

City-State-Zip:

165 BROADWAY

Title PRESIDENT, CEO, DIRECTOR Title DIRECTOR

Name SAPNAR, MICHAEL CHARLES Name SKALICKY, STEVEN SALVATORE

Address ONE LIBERTY PLACE Address ONE LIBERTY PLACE

165 BROADWAY

NEW YORK NY 10006 NEW YORK NY 10006 City-State-Zip: City-State-Zip:

Title DIRECTOR EXECUTIVE VICE PRESIDENT, Title

> DIRECTOR BRANDT, KENNETH W

SCHWARTZ, GARY ALLEN Name ONE LIBERTY PLACE Address

ONE LIBERTY PLACE Address 165 BROADWAY

165 BROADWAY

NEW YORK NY 10006 NEW YORK NY 10006 City-State-Zip:

Title **DIRECTOR** Title **SECRETARY**

APFEL, KENNETH CINQUEGRANA, AMY MARIE Name Address

ONE LIBERTY PLACE

Address ONE LIBERTY PLACE 165 BROADWAY

165 BROADWAY NEW YORK NY 10006

City-State-Zip: City-State-Zip: NEW YORK NY 10006

Title **TREASURER** Title SENIOR VICE PRESIDENT

READY, JAMES Name Name KELLEY, EDWARD J,

ONE LIBERTY PLACE Address Address **80 PINE STREET** 165 BROADWAY

NEW YORK NY 10006 City-State-Zip: NEW YORK NY 10005 City-State-Zip:

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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.

05/01/2020 SIGNATURE: AMY MARIE CINQUEGRANA SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name SPENCE, JULIAN HEWITT Name VIJIL, JAVIER EDMUNDO

Address ONE LIBERTY PLACE Address ONE LIBERTY PLACE

165 BROADWAY 165 BROADWAY

City-State-Zip: NEW YORK NY 10006 City-State-Zip: NEW YORK NY 10006