

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

FILED
Apr 22, 2021
Secretary of State
9068882254CC

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

04/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name SAPNAR, MICHAEL CHARLES
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name BRANDT, KENNETH W
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title EXECUTIVE VICE PRESIDENT,
DIRECTOR
Name SCHWARTZ, GARY ALLEN
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name APFEL, KENNETH
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title SECRETARY
Name CINQUEGRANA, AMY MARIE
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title TREASURER
Name READY, JAMES
Address ONE LIBERTY PLACE
165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title SENIOR VICE PRESIDENT
Name KELLEY, EDWARD J,
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name RICHARDSON, GREGORY J.
Address ONE LIBERTY PLACE
165 BROADWAY
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

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, DIRECTOR
Name O'GWEN, CHRISTOPHER A.
Address ONE LIBERTY PLACE
 165 BROADWAY
City-State-Zip: NEW YORK NY 10006

Title DIRECTOR
Name MAHONEY, MATTHEW D.
Address ONE LIBERTY PLACE
 165 BROADWAY
City-State-Zip: NEW YORK NY 10006