#### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 849227** 

Entity Name: FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

**FILED** Apr 04, 2024 **Secretary of State** 5694803623CC

## **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 04/04/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Address

Title	PRESIDENT, CEO, DIRECTOR	Title	DIRECTOR
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O'GWEN, CHRISTOPHER A. BRANDT, KENNETH W. Name Name ONE LIBERTY PLACE ONE LIBERTY PLACE

Address 165 BROADWAY 165 BROADWAY

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

Title **SECRETARY** Title DIRECTOR

CINQUEGRANA, AMY MARIE MAHONEY, MATTHEW D. Name Name

ONE LIBERTY PLACE ONE LIBERTY PLACE Address Address

165 BROADWAY 165 BROADWAY

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

Title **DIRECTOR** Title **DIRECTOR** 

Name MCKEON, PAUL FRANCIS Name LEVENE, BETH A. ONE LIBERTY PLACE **80 PINE STREET** Address Address

> 165 BROADWAY 7TH FLOOR

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

Title **DIRECTOR** Title **DIRECTOR** 

APFEL, KENNETH Name BYRON, DONNA N. Name

ONE LIBERTY PLACE ONE LIBERTY PLACE Address Address

165 BROADWAY 165 BROADWAY

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

#### Continues on page 2

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.

04/04/2024 SIGNATURE: AMY MARIE CINQUEGRANA SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title CFO

Name GALLAHUE, BRIAN
Address ONE LIBERTY PLAC

ONE LIBERTY PLACE 165 BROADWAY

City-State-Zip: NEW YORK NY 10006