

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213500549

1.) CORPORATION NAME:

Fair American Insurance and Reinsurance Company

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FLR
1111 E MAIN ST**

SCC ID NO: **F1884636**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 PINE STREET

CITY/ST/ZIP: NEW YORK, NY 10005

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT FRANCIS ORLICH
TITLE: PRESIDENT/CEO
ADDRESS: 80 PINE ST
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: KENNETH APFEL
TITLE: EX VP
ADDRESS: 70 PINE ST
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: GARY ALLEN SCHWARTZ
TITLE: EX VP
ADDRESS: 80 PINE ST
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: STEVEN SALVATORE SKALICKY
TITLE: EX VP/CFO
ADDRESS: 80 PINE ST
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: JAVIER EDMUNDO VIJIL
TITLE: EX VP
ADDRESS: 701 NW 62ND STREET
SUITE 790
CITY/ST/ZIP/CO: MIAMI, FL 33150

OFFICER

DIRECTOR

NAME: AMY MARIE CINQUEGRANA
TITLE: SECRETARY
ADDRESS: 80 PINE STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: PAUL ANDRE BONNY TITLE: DIRECTOR ADDRESS: CORN EXCHANGE, 55 MARK LANE LONDON,GB,EC3R 7NE,UNITED KINGDOM (GREAT BRIT , , FN CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: IAN HUGH CHIPPENDALE TITLE: DIRECTOR ADDRESS: 12 THE BALK WAKEFIELD,GB,WF2 6JU,UNITED KINGDOM (GREAT BR , , FN CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN GEORGE FOOS TITLE: DIRECTOR ADDRESS: 1181 GUSSIE'S KNOLL GREENSBORO, VA CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN LEO MCCARTHY TITLE: DIRECTOR ADDRESS: 101 MAIN STREET, 13TH FLOOR CAMBRIDGE, VA CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM JOHN POUTSIAKA TITLE: DIRECTOR ADDRESS: 80 PINE STREET NEW YORK, VA CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD STERN PRESS TITLE: DIRECTOR ADDRESS: 101 BOGLE STREET WESTON, MA 02493 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL CHARLES SAPNAR TITLE: DIRECTOR ADDRESS: 80 PINE STREET NEW YORK, NY 10005 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS RALPH TIZZIO TITLE: DIRECTOR ADDRESS: 175 WATER STREET NEW YORK, NY 10038 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ AMY MARIE CINQUEGRANA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AMY MARIE CINQUEGRANA, SECRETARY PRINTED NAME AND CORPORATE TITLE
1/4/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	