

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214500787

1.) CORPORATION NAME:

**Fair American Insurance and Reinsurance Company**

DUE DATE: **1/31/2014**

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**

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: KENNETH APFEL  
TITLE: EVP/CF ACTUARY  
ADDRESS: 70 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10270

OFFICER

DIRECTOR

NAME: GARY ALLEN SCHWARTZ  
TITLE: EVP/GC  
ADDRESS: 80 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: JAVIER EDMUNDO VIJIL  
TITLE: EVP  
ADDRESS: 701 NW 62ND STREET  
SUITE 790  
CITY/ST/ZIP/CO: MIAMI, FL 33125

OFFICER

DIRECTOR

NAME: AMY MARIE CINQUEGRANA  
TITLE: SECT/ASST.VP  
ADDRESS: 80 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10270

OFFICER

DIRECTOR

NAME: MICHAEL CHARLES SAPNAR  
TITLE: PRESIDENT  
ADDRESS: 80 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIAN HEWITT SPENCE DIRECTOR 80 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH W. BRANDT DIRECTOR 80 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES READY TREAS/VP 80 PINE STREET NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input 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, SECT/ASST.VP PRINTED NAME AND CORPORATE TITLE	12/4/2013 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.			