

1.) CORPORATION NAME:

Fair American Insurance and Reinsurance Company
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FLR
1111 E MAIN ST

RICHMOND, VA

DUE DATE: **1/31/2015**

SCC ID NO: **F1884636**

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:	MICHAEL CHARLES SAPNAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		

NAME:	AMY MARIE CINQUEGRANA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECT/ASST.VP		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10270		

NAME:	JAMES READY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/VP		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		

NAME:	KENNETH APFEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CF ACTUARY		
ADDRESS:	70 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10270		

NAME:	GARY ALLEN SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		

NAME:	STEVEN SALVATORE SKALICKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAVIER EDMUNDO VIJIL EVP 701 NW 62ND STREET SUITE 790 MIAMI, FL 33125	<input checked="" 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:	JULIAN HEWITT SPENCE DIRECTOR 80 PINE STREET NEW YORK, NY 10005	<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, SECT/ASST.VP PRINTED NAME AND CORPORATE TITLE	1/21/2015 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.			