

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212501206

1.) CORPORATION NAME:

AMTRUST NORTH AMERICA, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **1/31/2012**

SCC ID NO: **F1588708**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 59 MAIDEN LN 6TH FL

CITY/ST/ZIP: NEW YORK, NY 10038-

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.

OFFICER

DIRECTOR

NAME: MICHAEL J SAXON
TITLE: PRESIDENT
ADDRESS: 5800 LOMBARDO CENTER #200
CITY/ST/ZIP/CO: CLEVELAND, OH 44131-

OFFICER

DIRECTOR

NAME: STUART D HOLLANDER
TITLE: VICE PRESIDENT
ADDRESS: 59 MAIDEN LN 6TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: STEPHEN UNGAR
TITLE: SECRETARY
ADDRESS: 59 MAIDEN LN
6TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: JAY MILLER
TITLE: DIRECTOR
ADDRESS: 430 EAST 56TH ST, #5D
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

OFFICER

DIRECTOR

NAME: BARRY ZYSKIND
TITLE: DIRECTOR
ADDRESS: 59 MAIDEN LANE 6TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

NAME: HARRY SCHLACHTER TITLE: TREASURER ADDRESS: 59 MAIDEN LANE 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BARRY MOSES TITLE: ASST SECRETARY ADDRESS: 5800 LOMBARDO CENTER #200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RONALD E PIPOLY JR TITLE: CFO ADDRESS: 5800 LOMBARDO CENTER #200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DARRELL PRICE TITLE: CCO ADDRESS: 8995 WESTSIDE PARKWAY CITY/ST/ZIP/CO: ALPHARETTA, GA 30009-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFFREY P LEO TITLE: VICE PRESIDENT ADDRESS: 742 ALEXANDER ROAD PO BOX 5249 CITY/ST/ZIP/CO: PRINCETON, NJ 08543-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PHIL PUCKETT TITLE: VICE PRESIDENT ADDRESS: 8995 WESTSIDE PARKWAY CITY/ST/ZIP/CO: ALPHARETTA, GA 30009-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KIMBERLY KOWALSKI TITLE: VICE PRESIDENT ADDRESS: 300 ALEXANDER PARK #300 CITY/ST/ZIP/CO: PRINCETON, NJ 08540-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFF JOHNSON TITLE: VICE PRESIDENT ADDRESS: 5800 LOMBARDO CENTER #200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM MALPHURS TITLE: VICE PRESIDENT ADDRESS: 11330 LAKEFIELD DRIVE #140 CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAMEAL BEAULIEU TITLE: VICE PRESIDENT ADDRESS: 98 SPIT BROOK ROAD #402 CITY/ST/ZIP/CO: NASHUA, NH 03062-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: ADAM KARKOWSKY TITLE: VICE PRESIDENT ADDRESS: 59 MAIDEN LANE 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TOM BRASHER TITLE: VICE PRESIDENT ADDRESS: 12790 MERIT DRIVE #200 CITY/ST/ZIP/CO: DALLAS, TX 75251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MIKE DUDLEY TITLE: VICE PRESIDENT ADDRESS: 5800 LOMBARDO CENTER #200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIMOTHY HABECK TITLE: VICE PRESIDENT ADDRESS: 500 ENTERPRISE DRIVE #3C CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHRIS LONGO TITLE: CIO ADDRESS: 5800 LOMBARDO CENTER #200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131-	<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/ BARRY MOSES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARRY MOSES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/28/2011 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.		