

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213551901

1.) CORPORATION NAME:

AMTRUST NORTH AMERICA, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1588708**

RICHMOND, VA 23219

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMMON | 1,500 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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

NAME: PAMEAL BEAULIEU OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 98 SPIT BROOK ROAD #402
 CITY/ST/ZIP/CO: NASHUA, NH 03062

NAME: TOM BRASHER OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 12790 MERIT DRIVE #200
 CITY/ST/ZIP/CO: DALLAS, TX 75251

NAME: MIKE DUDLEY OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 5800 LOMBARDO CENTER #200
 CITY/ST/ZIP/CO: CLEVELAND, OH 44131

NAME: TIMOTHY HABECK OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 500 ENTERPRISE DRIVE #3C
 CITY/ST/ZIP/CO: ROCKY HILL, CT 06067

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

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

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| 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: JAY MILLER TITLE: DIRECTOR ADDRESS: 430 EAST 56TH ST, #5D CITY/ST/ZIP/CO: NEW YORK, NY 10022 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: BARRY ZYSKIND TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038 | <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/ STEPHEN UNGAR | STEPHEN UNGAR, SECRETARY | 12/13/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |