

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214502400

1.) CORPORATION NAME:

**AMTRUST NORTH AMERICA, INC.**

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

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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 43rd 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: 800 Superior Ave, E, 21st FL  
 CITY/ST/ZIP/CO: CLEVELAND, OH 44114

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: 800 Superior Ave, E, 21st FL  
 CITY/ST/ZIP/CO: CLEVELAND, OH 44114

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 43rd FL  
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

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 43rd 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:	HARRY SCHLACHTER TREASURER 59 MAIDEN LANE 43rd FL NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN UNGAR SECRETARY 59 MAIDEN LN 43rd FL NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS LONGO CIO 800 Superior Ave, E, 21st FL CLEVELAND, OH 44114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY MOSES ASST SECRETARY 800 Superior Ave, E, 21st FL CLEVELAND, OH 44114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD E PIPOLY JR CFO 800 Superior Ave, E, 21st FL CLEVELAND, OH 44114	<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:                    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 43rd 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	1/3/2014
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.		