

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212526767

1.) CORPORATION NAME:

**AmTrust Insurance Company of Kansas, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER 16TH FL  
1111 E MAIN ST**

SCC ID NO: **F1868076**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	347,828

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KS**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12790 MERIT DR STE 200

CITY/ST/ZIP: DALLAS, TX 75251

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: JEFFREY P LEO  
TITLE: PRESIDENT  
ADDRESS: 12790 MERIT DR STE 200  
CITY/ST/ZIP/CO: DALLAS, TX 75251

OFFICER

DIRECTOR

NAME: STEPHEN W BRANDT  
TITLE: VICE PRESIDENT  
ADDRESS: 12790 MERIT DR STE 200  
CITY/ST/ZIP/CO: DALLAS, TX 75251

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: JEFF JOHNSON  
TITLE: ASST TREASURER  
ADDRESS: 5800 LOMBARDO CENTER, STE 200  
CITY/ST/ZIP/CO: CLEVELAND, OH 44131

OFFICER

DIRECTOR

NAME: BARRY MOSES  
TITLE: Asst Vice Pres  
ADDRESS: 5800 LOMBARDO CENTER, STE 200  
CITY/ST/ZIP/CO: CLEVELAND, OH 44131

OFFICER

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:	WILLIAM FISANICK ACTUARY 12790 MERIT DRIVE DALLAS, TX 75251	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD DECARLO DIRECTOR 59 MAIDEN LANE, 6TH FL NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY MILLER DIRECTOR 430 EAST 57TH ST, STE 5D NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY ZYSKIND DIRECTOR 59 MAIDEN LANE, 6TH FL 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/ BARRY MOSES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARRY MOSES, Asst Vice Pres PRINTED NAME AND CORPORATE TITLE	7/18/2012 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.			