

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213533110

1.) CORPORATION NAME:

AmTrust Insurance Company of Kansas, Inc.

DUE DATE: **7/31/2013**

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

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: BARRY MOSES
TITLE: Asst Vice Pres
ADDRESS: 800 SUPERIOR AVE, E, 21ST FL
CITY/ST/ZIP/CO: CLEVELAND, OH 44114

OFFICER

DIRECTOR

NAME: MICHAEL SAXON
TITLE: VICE PRESIDENT
ADDRESS: 800 SUPERIOR AVE, E, 21ST FL
CITY/ST/ZIP/CO: CLEVELAND, OH 44114

OFFICER

DIRECTOR

NAME: JEFF JOHNSON
TITLE: ASST TREASURER
ADDRESS: 800 SUPERIOR AVE, E, 21ST FL
CITY/ST/ZIP/CO: CLEVELAND, OH 44114

OFFICER

DIRECTOR

NAME: HARRY SCHLACHTER
TITLE: TREASURER
ADDRESS: 59 MAIDEN LANE, 43RD FL
CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER

DIRECTOR

NAME: STEPHEN B UNGER TITLE: SECRETARY ADDRESS: 59 MAIDEN LN 43RD FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANIE CLARK TITLE: ASST SECRETARY ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM FISANICK TITLE: ACTUARY ADDRESS: 12790 MERIT DRIVE CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONALD DECARLO 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
NAME: JAY MILLER TITLE: DIRECTOR ADDRESS: 430 EAST 57TH ST, STE 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/ BARRY MOSES	BARRY MOSES, Asst Vice Pres	7/17/2013
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.		