

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AmTrust Insurance Company of Kansas, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mildred Brudvig, Paralegal

Name of Person

AmTrust North America, Inc.

Firm/Company

800 Superior Ave. E., 21st Floor

Address

Cleveland, Ohio 44114

City/State and Zip code

regulatorycompliance@amtrustgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mildred Brudvig, Paralegal at (216) 328-6237

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AmTrust Insurance Company of Kansas, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas

(State or country under the law of which it is incorporated)

3. 75-1413993

(FEI number, if applicable)

4. 01/10/1972

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12790 Merit Drive, Suite 200, Dallas, Texas 75251

(Principal office address)

800 Superior Avenue E., 21st Floor, Cleveland, Ohio 44114

(Current mailing address)

8. Insurance company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Harry B. Davis
Asst. Vice President

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

19 OCT 11
DIVISION OF CORPORATIONS
SECRETARY OF STATE
PH 3:49

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Barry Dov Zyskind

Address: 59 Maiden Lane, 43rd Floor

New York, NY 10038

Director: Stephen Barry Ungar

Address: 59 Maiden Lane, 43rd Floor

New York, NY 10038

B. OFFICERS

President: Jeffrey Paul Leo

Address: 10 British American Blvd.

Latham, NY 12110

Vice President: Michael Joseph Saxon

Address: 800 Superior Ave. E., 21st Floor

Cleveland, Ohio 44114

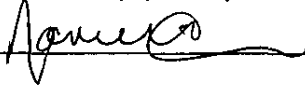
Secretary: Stephen Barry Ungar

Address: 59 Maiden Lane, 43rd Floor, New York, NY 10038

Treasurer: Harry Schlachter

Address: 59 Maiden Lane, 43rd Floor, New York, NY 10038

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Janie Clark, Assistant Secretary

(Typed or printed name and capacity of person signing application)

AmTrust Insurance Company of Kansas, Inc.
List of Officers Directors

Name	Title	Term
Barry Dov Zyskind	Director	Perpetual
Barry W. Moses	Vice President, Appointed	Perpetual
Chaim Halberstam	Assistant Treasurer, Appointed	Perpetual
Donald Thomas DeCarlo	Director	Perpetual
Harry Schlachter	Treasurer	Perpetual
Janie Clark	Assistant Secretary, Appointed	Perpetual
Jeffrey Johnson	Assistant Treasurer, Appointed	Perpetual
Jeffrey Johnson	Vice President, Appointed	Perpetual
Jeffrey Paul Leo	Director	Perpetual
Jeffrey Paul Leo	President	Perpetual
Michael Joseph Saxon	Vice President	Perpetual
Stephen Barry Ungar	Director	Perpetual
Stephen Barry Ungar	Secretary	Perpetual
Stephen William Brandt	Vice President	Perpetual
Stuart Dov Hollander	Director	Perpetual



STATE OF KANSAS

INSURANCE DEPARTMENT

CERTIFICATE OF COMPLIANCE

I, SANDY PRAEGER, Commissioner of Insurance of Kansas, do hereby certify that

AMTRUST INSURANCE COMPANY OF KANSAS, INC.

of TOPEKA, KANSAS has complied with the requirements of the insurance laws of this state and is authorized to transact business within the state of Kansas until such Certificate of Authority is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal, done at the City of Topeka this 7th day of October, 2013.


Commissioner of Insurance

Fire – Casualty – Life