

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004444

**FILED**  
**Mar 27, 2017**  
**Secretary of State**  
**CC5602458860**

**Entity Name:** AMTRUST INSURANCE COMPANY OF KANSAS, INC.

**Current Principal Place of Business:**

12790 MERIT DRIVE  
SUITE 200  
DALLAS, TX 75251

**Current Mailing Address:**

800 SUPERIOR AVENUE E.,  
21ST FLOOR  
CLEVELAND, OH 44114

**FEI Number: 75-1413993**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR/SECRETARY  
Name UNGAR, STEPHEN B  
Address 59 MAIDEN LANE, 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT/DIRECTOR  
Name LEO, JEFFERY  
Address 10 BRITISH AMERICAN BLVD  
City-State-Zip: LATHAM NY 12110

Title TREASURER, DIRECTOR  
Name SCHLACHTER, HARRY  
Address 59 MAIDEN LANE, 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title VICE PRESIDENT, ASSISTANT SECRETARY  
Name MOSES, BARRY  
Address 800 SUPERIOR AVE E, 21ST FLOOR  
City-State-Zip: CLEVELAND OH 44114

Title VP  
Name GARRISON, MELANIE  
Address 12790 MERIT DRIVE  
City-State-Zip: DALLAS TX 75251

Title DIRECTOR  
Name DECARLO, DONALD  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY  
Name MAYER, JEFFREY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name FISCH, SUSAN  
Address 59 MAIDEN LANE  
43RD FL  
City-State-Zip: NEW YORK NY 10038

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN UNGAR**

**SECRETARY**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KARKOWSKY, ADAM  
Address        59 MAIDEN LANE  
                  43RD FL  
City-State-Zip: NEW YORK NY 10038