

F96 000000452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

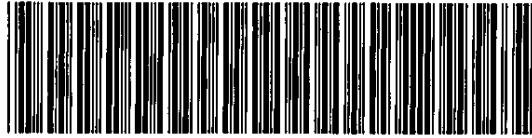
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400098442224

04/25/07--01035--008 \*\*43.75

FILED

07 MAY 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NLC  
38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2007

Vivian L. Solanik  
AmTrust Insurance Agency, Inc.  
1801 East Ninth Street, Suite 200  
Cleveland, OH 44114

SUBJECT: OHIO SAVINGS INSURANCE AGENCY, INC.  
Ref. Number: F9600000452

We have received your document for OHIO SAVINGS INSURANCE AGENCY, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fax copy from the Ohio Secretary of State is not sufficient to evidence the name change in Ohio. I tried to reach you again by phone but was unsuccessful.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 507A00036219

W07-25063

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ohio Savings Insurance Agency, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F96000000452

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian L. Solganik

(Name of Contact Person)

AmTrust Insurance Agency, Inc.

(Firm/Company)

1801 East Ninth Street, Suite 200

(Address)

Cleveland, Ohio 44114

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian L. Solganik

(Name of Contact Person)

at ( 216 ) 588-4364

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

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

**Street Address:**

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

May 25, 2007

VIA UPS

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Attention: Susan Payne

Re: AmTrust Insurance Agency, Inc.

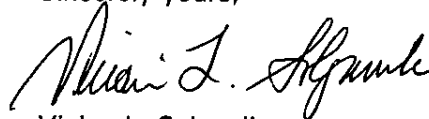
Dear Ms. Payne:

This is with respect to the filings which were made with your office by AmTrust Insurance Agency, Inc. at the end of April, 2007 requesting an amendment to reflect the change of its name. AmTrust Insurance Agency, Inc. was previously known as Ohio Savings Insurance Agency, Inc. and had been authorized to do business in Florida since January 26, 1996. I am enclosing copies of the information previously submitted to your office, including a copy of the check in the amount of \$43.25.

You requested certified copies of the records from the Ohio Secretary of State to verify that the company's name has been changed. Such documentation is enclosed; please note that the certification is on the back of the last page of each document.

We hope that this documentation satisfies the requirements of your department. Should you have any further questions, please contact me at 216-588-4364.

Sincerely yours,



Vivian L. Solganik  
Vice President and Secretary

VLS:sa  
Enclosures

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F96000000452

(Document number of corporation (if known))

FILED  
07 MAY 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Ohio Savings Insurance Agency, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Ohio (Incorporated under laws of)      3. January 26, 1996  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? April 18, 2007
5. AmTrust Insurance Agency, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

*Vivian L. Solganik* Secretary  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Vivian L. Solganik

(Typed or printed name of person signing)

Secretary

(Title of person signing)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/18/2007	200710702974	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100 00	00	00	00

**Receipt**

This is not a bill Please do not remit payment.

VIVIAN SOLGANIK  
 OSB LEGAL DEPT OH99-0214  
 1801 E 9TH ST , STE 200  
 CLEVELAND, OH 44114

**STATE OF OHIO**  
**CERTIFICATE**  
 Ohio Secretary of State, Jennifer Brunner

417544

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**AMTRUST INSURANCE AGENCY, INC.**  
 and, that said business records show the filing and recording of:

Document(s)  
**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):  
**200710702974**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 17th day of April, A.D.  
 2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input checked="" type="checkbox"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="checkbox"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by Directors  
 or Incorporators to Articles  
 (Domestic)  
 Filing Fee \$50.00**

2007 OCT 17 10:01 AM

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> (1) Amendment by Directors	<input type="checkbox"/> (2) Amendment by Incorporators
<input type="checkbox"/> Amended by Directors (123-AMDD)	<input type="checkbox"/> Amended by Incorporators (124-AMDH)

**Complete the general information in this section for the box checked above.**

Name of Corporation Ohio Savings Insurance Agency, Inc.

Charter Number 417544

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

**Complete the information in this section if box (1) is checked.**

Name and Title of Officer *Vivian L. Solganik* Secretary  
(name) Vivian L. Solganik (title)

**(CHECK ONLY ONE (1) BOX)**

A meeting of the directors was duly called and held on \_\_\_\_\_ (Date)

In an writing signed by all the Directors pursuant to section 1701.54 of the ORC

The following resolution was adopted pursuant to section 1701.70(B) (6) of the ORC:  
(Insert proper paragraph number)

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby  
 approves the change of the Corporation's name from Ohio Savings  
 Insurance Agency, Inc. to AmTrust Insurance Agency, Inc. and hereby  
 approves amending the Corporation's Articles of Incorporation to state:  
 NAME: The name of the corporation shall be AmTrust  
 Insurance Agency, Inc.

Complete the information in this section if box (2) is checked.

WE, the undersigned, being all of the incorporators of the above named corporation, do certify that the subscriptions to shares have not been received and the initial directors are not named in the articles. We hereby have elected to amend the articles as follows:

Five horizontal lines for amending the articles.

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

*William L. Alganah*  
Authorized Representative

*April 16, 2007*  
Date

(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_





**Ohio Department of Commerce**

Division of Financial Institutions  
77 South High Street • 21st Floor  
Columbus, OH 43215-6120  
(614) 728-8400 FAX (614) 644-1631  
www.com.state.oh.us

Ted Strickland  
Governor

Kimberly A. Zurz  
Director

April 10, 2007

RECEIVED  
APR 16 2007  
V.L.S.

Vivian L. Solganik  
Vice President and Senior Corporate Counsel  
Ohio Savings Financial Corporation  
1801 East Ninth Street, Suite 200  
Cleveland, Ohio 44114

RE: Permissibility of Doing Business in Ohio Under Name that Includes "Trust"

Dear Ms. Solganik:

This is in connection with a filing with the Secretary of State of Ohio that involves doing business in Ohio using names that include the word "trust", specifically:

- AmTrust Investment Services, Inc.
- AmTrust Insurance Agency, Inc.
- AmTrust Title Agency, Inc.
- AmTrust Real Estate Investments, Inc.

Division (B)(1) of §1101.15 of the Ohio Revised Code, with specific exceptions, prohibits persons other than bona fide trusts and persons authorized to engage in trust business doing business in Ohio under a designation or name that includes "trust".

We have verified that Ohio Savings Bank is a savings bank doing business under authority granted by the Office of Thrift Supervision, but is not currently authorized to engage in trust business. The bank has recently received approval from the OTS to change its corporate title from Ohio Savings Bank to AmTrust Bank. The OTS does not require a bank to be authorized to engage in trust business to use the word "trust" in its name. Because the OTS has approved the new name of AmTrust Bank, the Division has no objection to the affiliates of AmTrust Bank using the proposed names listed above.

This is not an opinion on the availability of the names "AmTrust Investment Services, Inc.; AmTrust Insurance Agency, Inc.; AmTrust Title Agency, Inc.; or AmTrust Real Estate Investments, Inc". This is also not an authorization to use the names, and this does not protect the user against any lawful claims of persons or entities having superior rights in the same or a similar names. Further, this is not an opinion on whether any activities in which the bank may engage are consistent with Ohio law or subject to Ohio licensing requirements.

If you have any questions on this matter, please contact me at 614-644-7533.

Sincerely,

Phyllis E. Humphrey  
Corporate Coordinator

