## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004710

Entity Name: AMTRUST FINANCIAL SERVICES, INC.

FILED Feb 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1801 EAST	SAVINGS PLAZ NINTH ST. D, OH 44114	A					
Current Mailing Address:				New Mailing Address:			
1801 EAST NINTH STREET OH99-0209 CLEVELAND, OH 44114			1801 EAST NINTH STREET OH99-0214 CLEVELAND, OH 44114				
FEI Number:	34-1794685	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status De	sired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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  Election Campaign Financing Trust Fund Contribution ( ).					Date		
		· ·			0/01/11/10/20		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () C GOLDBERG, ROI 1801 E. NINTH S' CLEVELAND, OH	Γ.		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CAS () C GOLDBERG, DAV 1801 E. NINTH S' CLEVELAND, OH	Γ.		Title: Name: Address: City-St-Zip:	( )(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CAS () C GOLDBERG, GEI 1801 E. NINTH S' CLEVELAND, OH	Г.		Title: Name: Address: City-St-Zip:	( )(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SOLGANIK, VIVIA	VILLE CENTER, #504		Title: Name: Address: City-St-Zip:	VS (X) SOLGANIK, VIVI 1801 E. NINTH S CLEVELAND, OF	ST.	
Title: Name: Address: City-St-Zip:	VT () C PRESBY, ALAN V 1801 E. NINTH S' CLEVELAND, OH	Γ.		Title: Name: Address: City-St-Zip:	VT (X) DONATELLI, AN' 1801 E. NINTH S CLEVELAND, OH	ST.	
Title: Name: Address: City-St-Zip:	V () E BOLOGNIA, FRAI 1801 E. NINTH S' CLEVELAND, OH	Γ.		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIVIAN L. SOLGANIK VS 02/21/2006