

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004710

FILED
Apr 16, 2008
Secretary of State

Entity Name: AMTRUST FINANCIAL SERVICES, INC.

Current Principal Place of Business:

200 OHIO SAVINGS PLAZA
1801 EAST NINTH ST.
CLEVELAND, OH 44114

New Principal Place of Business:

200 AMTRUST BANK CENTER
1801 EAST NINTH ST.
CLEVELAND, OH 44114

Current Mailing Address:

1801 EAST NINTH STREET
OH99-0214
CLEVELAND, OH 44114

New Mailing Address:

FEI Number: 34-1794685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GOLDBERG, ROBERT
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

Title: P () Delete
Name: GOLDBERG, PETER
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

Title: CAS () Delete
Name: GOLDBERG, GERALD
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

Title: CAS () Delete
Name: GOLDBERG, DAVID
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

Title: S () Delete
Name: SOLGANIK, VIVIAN L
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

Title: T () Delete
Name: DONATELLI, ANTHONY
Address: 1801 E. NINTH ST.
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

S

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date