

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019145

Entity Name: AMTRUST NORTH AMERICA OF FLORIDA, INC**Current Principal Place of Business:**903 N.W. 65TH STREET
BOCA RATON, FL 33487**Current Mailing Address:**800 SUPERIOR AVE E, 21ST FL
CLEVELAND, OH 44114 US**FEI Number:** 59-3170795**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	P
Name	PACHECO, ELISSA
Address	903 N.W. 65TH STREET
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	ZYSKIND, BARRY D
Address	59 MAIDEN LANE, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	SD
Name	UNGAR, STEPHEN B
Address	59 MAIDEN LANE, 6TH FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	D
Name	MILLER, JAY J
Address	430 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	T
Name	HEITZ, KERRY J
Address	903 N.W. 65TH STREET
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE, 6TH FL
City-State-Zip:	NEW YORK NY 10038

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 B UNGAR

SD

04/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date