

2015 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 PRESIDENT, CHIEF UNDERWRITING
 OFFICER
Name PACHECO, ELISSA
Address 903 N.W. 65TH STREET
City-State-Zip: BOCA RATON FL 33487

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

Title D
Name ZYSKIND, BARRY D
Address 59 MAIDEN LANE, 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

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

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

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

Title VP
Name JOHNSON , JEFFREY
Address 800 SUPERIOR AVE E, 21ST FLOOR
City-State-Zip: CLEVELAND OH 44114

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

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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

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WARD , ANITA
Address 903 NW 65TH STREET
City-State-Zip: BOCA RATON FL 33487

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