

2020 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:**P.O. BOX 812319
BOCA RATON, FL 33481 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	TREASURER
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE 42ND FL
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR
Name	FOY, CHRISTOPHER
Address	400 EXECUTIVE BLVD 4TH FLOOR
City-State-Zip:	SOUTHINGTON CT 06489

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

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

Title	ASSISTANT VICE PRESIDENT
Name	GEDNEY, MICHELLE
Address	201 S. COLLEGE ST., SUITE 1400
City-State-Zip:	CHARLOTTE NC 28244

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: BARRY MOSES**SECRETARY****03/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date