

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR  
THE PERIOD ENDED: 3/31/11

IN RE:

:  
CASE NO.: 09-21325  
: Chapter 11  
Judge: Morgenstern-Clarren

AmTrust Insurance Agency Inc. nka  
AmFin Insurance Agency Inc.  
Debtor

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/>	Operating Statement [1]	(Form 2)
<input checked="" type="checkbox"/>	Balance Sheet [1]	(Form 3)
<input checked="" type="checkbox"/>	Summary of Operations [1]	(Form 4)
<input checked="" type="checkbox"/>	Monthly Cash Statement	(Form 5)
<input checked="" type="checkbox"/>	Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/>	Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 4 of the Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES ☒ NO ☐

3. That all postpetition taxes as described in Sections 1 and 14 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES ☒ NO ☐

4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO ☐

5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO ☐

6. Have you filed your prepetition tax returns. (If not, attach a written explanation) YES ☒ NO ☐

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct.

[1] - The Debtor has made substantial efforts to prepare and complete the information in this Monthly Operating Report (the "Report"). However, given the nature of the Debtor's accounting system, it is somewhat difficult to verify the accuracy of the information contained in the Report. Therefore, the Debtor can give no assurance as to the accuracy of the information provided in the Report. Also, please note that certain GL balances related to prior months have changed based on additional information and further review.

Dated: 4-18-11

Ronald J. Hean  
Responsible Officer of the Debtor in Possession  
CRO 4-18-11  
Title Phone



0921323110419000000000002

# OPERATING STATEMENT (P&L)

Period Ending: 3/31/11

Case No: 09-21325

	Current Month	Total Since Filing
Commission	\$ -	\$ 1,072,198
Cost of Sales	-	-
<b>GROSS PROFIT</b>	<b>-</b>	<b>1,072,198</b>
<b>EXPENSES:</b>		
Allocated Salary Expenses	-	572,372
Employee Benefits & Pensions	-	-
Other Taxes	-	82,225
Rent and Lease Expense	-	6,478
Interest Expense	-	-
Insurance	-	3,565
Automobile and Truck Expense	-	-
Utilities (gas, electric, phone)	-	1,139
Depreciation	-	-
Travel and Entertainment	-	-
Repairs and Maintenance	-	-
Bank Service Charges	-	-
Supplies, Office Expense, etc.	-	4,474
Other Exp.	-	306
<b>TOTAL EXPENSES:</b>	<b>-</b>	<b>670,559</b>
<b>NET OPERATING PROFIT/(LOSS)</b>	<b>-</b>	<b>401,639</b>
Add: Non-Operating Income:		
Interest Income	-	-
Sale of Business	-	646,138
Less: Non-Operating Expenses:		
Professional Fees	-	-
Interest Expense	-	-
US Trustee Fees	-	8,127
<b>NET INCOME/(LOSS)</b>	<b>\$ -</b>	<b>\$ 1,039,650</b>

Dated: 4-18-11



Responsible Officer of the Debtor in Possession

FORM 2

**BALANCE SHEET**  
Period Ending: 3/31/11

	Case No:		09-21325
	Current Month	Prior Month	11/30/2009 At Filing
<b>ASSETS:</b>			
Cash	\$ 1,477,537	\$ 1,477,052	\$ 489,670
Inventory	-	-	-
Accounts Receivable	-	-	212,301
Insider Receivables	250,000	250,000	-
Land and Buildings	-	-	-
Furniture, Fixtures & Equip	-	-	39,535
Prepaid Expenses	26,594	26,594	4,501
Equity in Joint Venture	-	-	-
<b>TOTAL ASSETS:</b>	<b>1,754,131</b>	<b>1,753,646</b>	<b>746,007</b>
<b>LIABILITIES:</b>			
Postpetition Liabilities	-	-	-
Accounts Payable	-	-	-
Rent and Lease Payable	-	-	-
Wages and Salaries	-	-	-
Payable to Affiliate	116,122	116,122	-
Other Payable	-	-	-
Other	91,715	91,231	-
<b>TOTAL Postpetition Liab.</b>	<b>207,837</b>	<b>207,353</b>	<b>-</b>
Secured Liabilities:			
Subject to Postpetition	-	-	-
Collateral or Financing Order	-	-	-
All Other Secured Liab.	-	-	-
<b>TOTAL Secured Liab.</b>	<b>-</b>	<b>-</b>	<b>-</b>
Prepetition Liabilities:			
Taxes & Other Priority Liab.	-	-	-
Unsecured Liabilities	-	-	63,818
Payable to Affiliate	813,175	813,175	902,146
Other	-	-	86,574
<b>TOTAL Prepetition Liab.</b>	<b>813,175</b>	<b>813,175</b>	<b>1,052,538</b>
Equity:			
Owners Capital:	585,000	585,000	585,000
Retained Earnings-Pre Pet.	(891,531)	(891,531)	(891,531)
Retained Earnings-Post Pet.	1,039,650	1,039,650	-
<b>TOTAL Equity:</b>	<b>733,119</b>	<b>733,119</b>	<b>(306,531)</b>
<b>TOTAL LIABILITIES AND EQUITY:</b>	<b>1,754,131</b>	<b>1,753,646</b>	<b>746,007</b>

Dated: 4-18-11 Randolph H. Glass

Responsible Officer of the Debtor in Possession

FORM 3

**SUMMARY OF OPERATIONS**  
**Period Ended: 3/31/11**

Case No: 09-21325

**Schedule of Postpetition Taxes Payable**

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/ Deposits</u>	<u>Ending Balance</u>
Income Taxes Withheld:				
Federal	\$ -	\$ -	\$ -	\$ -
State	-	-	-	-
Local	-	-	-	-
FICA Withheld	-	-	-	-
Employers FICA	-	-	-	-
Unemployment Tax:				
Federal	-	-	-	-
State	-	-	-	-
Sales, Use & Excise Taxes	-	-	-	-
Property Taxes	-	-	-	-
Workers' Compensation	-	-	-	-
Ohio Franchise Tax	-	-	-	-
<b>TOTALS:</b>	<b>\$ -</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>

**AGING OF ACCOUNTS RECEIVABLE  
AND POSTPETITION ACCOUNTS PAYABLE**

Age in Days	0-30	30-60	Over 60
Post Petition Accounts Payable	NONE	-	-
Accounts Receivable	NONE	-	-


For all postpetition accounts payable over 30 days old, please attached a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

\_\_\_\_\_

\_\_\_\_\_

Dated: 4-18-11

  
Responsible Officer of the Debtor in Possession



# MONTHLY CASH STATEMENT

Period Ending: 3/31/11

Cash Activity Analysis (Cash Basis Only):

Case No: 09-21325

	Operating Acct. - Old	Operating Acct.	Acct.	Acct.	Acct.
A. Beginning Balance	\$ -	\$ 1,477,052			
B. Receipts (Attach separate schedule)	-	485			
C. Balance Available (A + B)	-	1,477,537			
D. Less Disbursements (Attach separate schedule)	-	-			
E. ENDING BALANCE (C - D)	-	1,477,537			

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

Operating Account - Old:

1. Depository Name & Location National City Bank - Cleveland OH  
 2. Account Number 140582639

Operating Account:

1. Depository Name & Location PNC Bank - Cleveland OH  
 2. Account Number 42-2719-0724

Date: 4-18-11

Ronald L. Glass

Responsible Officer of the Debtor in Possession

## Period Ending: 3/31/11

**Case No: 09-21325**

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_ Shareholder  
 \_\_\_\_\_ Officer  
 \_\_\_\_\_ Director  
 \_\_\_\_\_ Insider

**Detailed Description of Duties:** **Compliance Officer**

Current Compensation Paid:	Weekly	or	Monthly
			\$ -

Current Benefits Paid:	Weekly	or	Monthly
Health Insurance	_____		_____
Life Insurance	_____		_____
Retirement	_____		_____
Company Vehicle	_____		_____
Entertainment	_____		_____
Travel	_____		_____
Other Benefits	_____		_____
<b>Total Benefits</b>	_____		_____

Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid	_____		_____
Loans	_____		_____
Other (Describe)	_____		_____
Other (Describe)	_____		_____
Other (Describe)	_____		_____
Total Other Payments	_____		_____

CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
	<u>          </u>		\$ <u>          </u>

Dated: 4-18-11

Ronald L. Hess  
Responsible Officer of the Debtor in Possession

FORM 6

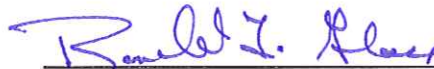
## SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 3/31/11

Case No: 09-21325

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
<u>Business Insurance Policy</u>	<u>Sentinel Insurance Company</u>	<u>04/01/11</u>
<u>Package Policy (including Terrorism)</u>	<u>Midwestern Indemnity Ins. Co.</u>	<u>04/01/11</u>
<u>General Liability</u>	<u>Peerless Indemnity Ins. Co.</u>	<u>04/01/11</u>
<u>Umbrella</u>	<u>Ohio Casualty Ins. Company</u>	<u>04/01/11</u>
<u>Workers Comp</u>	<u>Ohio Bureau of Workers' Comp</u>	<u>Ongoing</u>

Dated: 4-18-11



Responsible Officer of the Debtor in Possession

3:49 PM

04/14/11

**AmFin Insurance Agency Inc - Case No.: 09-21325**  
**Reconciliation Summary**  
**PNC Bank Acct 42-2719-0724**

	<u>Mar 31, 11</u>
Beginning Balance	1,477,472.19
Cleared Transactions	
Deposits and Credits - 2 items	<u>484.79</u>
Total Cleared Transactions	<u>484.79</u>
Cleared Balance	<u>1,477,956.98</u>
Uncleared Transactions	
Checks and Payments - 2 Items	<u>-419.92</u>
Total Uncleared Transactions	<u>-419.92</u>
Register Balance as of 03/31/2011	<u>1,477,537.06</u>
New Transactions	
Deposits and Credits - 1 item	<u>24.26</u>
Total New Transactions	<u>24.26</u>
Ending Balance	<u>1,477,561.32</u>



**AmFin Insurance Agency Inc - Case No.: 09-21325**  
**Schedule of Cash Receipts - PNC Acct 42-2719-0724**  
As of March 31, 2011

Type	Date	Name	Amount
<b>CASH</b>			
<b>102129 - Cash in Bank, NCB - AIAI</b>			
Deposit	3/31/2011	Trailing Income - 100% due to Novak	0.36
Deposit	3/31/2011	Trailing Income - 100% Due to NYCB	484.43
Total 102129 - Cash in Bank, NCB - AIAI			484.79
Total CASH			484.79
<b>TOTAL</b>			<b>484.79</b>

**AmFin Insurance Agency Inc - Case No.: 09-21325**  
**Schedule of Cash Disbursements - PNC Acct 42-2719-0724**  
**As of March 31, 2011**

Type	Date	Num	Adj	Name	Amount
CASH					
102129 - Cash in Bank, NCB - AIAI					
Total 102129 - Cash in Bank, NCB - AIAI					
Total CASH					
TOTAL					

# Corporate Business Account Statement



Page 1 of 1

Account Number: 42-2719-0724

For the period 03/01/2011 to 03/31/2011

AMFIN INSURANCE AGENCY INC  
3391 PEACHTREE RD NE STE 110  
ATLANTA GA 30326-1014

Number of enclosures: 0

Tax ID Number: 34-1092834

For Client Services:

Call 1-800-669-1518

Visit us at [www.treasury.pncbank.com](http://www.treasury.pncbank.com)

Write to: One Ncc Parkway

Kalamazoo MI 49009

## Account Summary Information

### Balance Summary

	Beginning balance	Deposits and other credits	Checks and other debits	Ending balance
	1,477,472.19	484.79	.00	1,477,956.98

### Deposits and Other Credits

Description	Items	Amount
Deposits	0	.00
National Lockbox	0	.00
ACH Credits	8	484.79
Funds Transfers In	0	.00
Trade Services	0	.00
Investments	0	.00
Zero Balance Transfers	0	.00
Adjustments	0	.00
Other Credits	0	.00
<b>Total</b>	<b>8</b>	<b>484.79</b>

### Checks and Other Debits

Description	Items	Amount
Checks	0	.00
Returned Items	0	.00
ACH Debits	0	.00
Funds Transfers Out	0	.00
Trade Services	0	.00
Investments	0	.00
Zero Balance Transfers	0	.00
Adjustments	0	.00
Other Debits	0	.00
<b>Total</b>	<b>0</b>	<b>.00</b>

### Ledger Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
03/01	1,477,567.52	03/15	1,477,569.38	03/22	1,477,956.98
03/09	1,477,567.88	03/16	1,477,956.46		

### Deposits and Other Credits

#### ACH Credits

8 transactions for a total of \$484.79

Date posted	Amount	Transaction description	Reference number
03/01	59.94	ACH Credit Comm-Pmt Genworth Lf-Ltcd 0060187815	00011059906694553
03/01	33.25	ACH Credit Nwl-EFT Nationwide Life 102A840737	00011060907550761
03/01	2.14	ACH Credit Nwl-EFT Nationwide Life 917A118463	00011060907550763
03/09	.36	Corporate ACH ACH Item Metlife 900067582	00011068909761516
03/15	1.50	ACH Credit Nwl-EFT Nationwide Life 917A119056	00011074907140097
03/16	232.50	ACH Credit Achpayment Glaic 0000078211	00011074907146072
03/16	154.58	ACH Credit Achpayment Glaic Hr089	00011074907145636
03/22	.52	ACH Credit Nwl-EFT Nationwide Life 917A119576	00011080905862115

