

**TRANSMITTAL OF FINANCIAL REPORTS AND
CERTIFICATION OF COMPLIANCE WITH
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR
THE PERIOD ENDED: 1/31/10**

IN RE: _____ :
CASE NO.: 09-21323
Chapter 11 :
Judge: Morgenstern-Clarren

AmTrust Financial Corporation nka
AmFin Financial Corporation :
Debtor :

As debtor in possession, I affirm:

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

<u> x </u>	Operating Statement [1]	(Form 2)
<u> x </u>	Balance Sheet [1]	(Form 3)
<u> x </u>	Summary of Operations [1]	(Form 4)
<u> x </u>	Monthly Cash Statement	(Form 5)
<u> x </u>	Statement of Compensation	(Form 6)
<u> x </u>	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 X 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 X NO _____

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

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

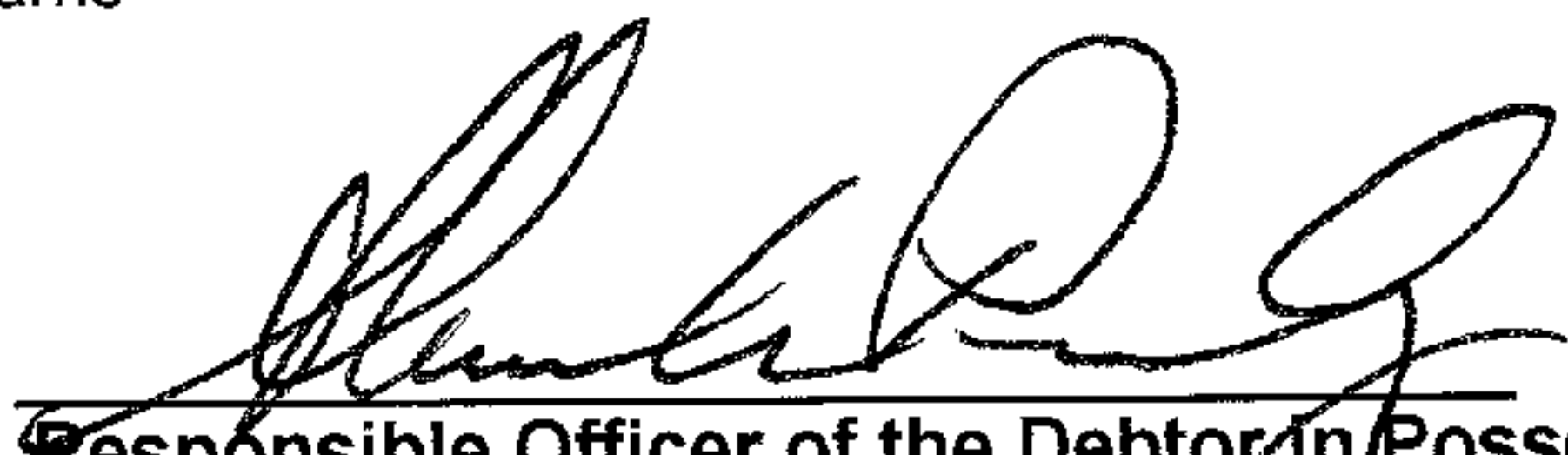
6. Have you filed your prepetition tax returns. (If not, attach a written explanation) [2] YES _____ NO X

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.

[2] - The Debtor has filed a an extension in regards to 2009 tax returns

Dated: 4/22/10


Responsible Officer of the Debtor in Possession

CFO
Title

216-896-9418
Phone

OPERATING STATEMENT (P&L)
 Period Ending: 1/31/10

Case No: 09-21323

	<u>Current Month</u>	<u>Total Since Filing</u>
Revenue	\$ -	\$ -
Cost of Sales	-	-
Total Net Interest	<u>-</u>	<u>-</u>
EXPENSES:		
Salary Expenses	38,271	73,408
Employee Benefits & Pensions	7,137	13,817
Payroll Taxes	3,338	6,214
Insurance Expense	-	26,250
Regulatory Insurance and Assessments	-	14,310
Professional Fees	597,143	1,143,218
State and Local Taxes	83	167
Non-interest Expenses	-	-
Outside Services	350	751
TOTAL EXPENSES:	<u>646,321</u>	<u>1,278,134</u>
NET OPERATING PROFIT/(LOSS)	(646,321)	(1,278,134)
Add: Non-Operating Income:		
Interest Income	-	-
Other Income	-	-
Less: Non-Operating Expenses:		
Professional Fees	-	-
Loss Due to FDIC Seizure of Bank	-	294,875,266
Interest Expense	-	2,135
Equity in Affiliates	(68,788)	8,873,088
US Trustee Fees	-	-
	<u>\$ (577,533)</u>	<u>\$ (305,028,623)</u>
NET INCOME/(LOSS)		

Dated: 1/22/10


 Responsible Officer of the Debtor in Possession

BALANCE SHEET
Period Ending: 1/31/10

Case No:

09-21323

11/30/2009

At Filing

ASSETS:

Cash
Securities
Interest Receivables
Owned Subsidiaries
Pre-paid Expenses
Pre-paid Debt Issuance Cost
Office Properties and Equipment

	<u>Current Month</u>	<u>Prior Month</u>	
	\$ 3,626,273	\$ 3,709,905	\$ 3,709,905
	1,668,239	1,668,239	1,668,239
	1,795,548	1,797,179	1,797,179
	158,950,874	462,671,383	462,671,383
	1,352,156	2,560,040	2,560,040
	745,548	744,678	744,678
	-	-	-
	<u>168,138,638</u>	<u>473,151,425</u>	<u>473,151,425</u>

TOTAL ASSETS:

LIABILITIES:

Postpetition Liabilities
Accounts Payable
Rent and Lease Payable
Wages and Salaries
Payable to Affiliate
Other:

	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>

TOTAL Postpetition Liab.

Secured Liabilities:

Subject to Postpetition
Collateral or Financing Order
All Other Secured Liab.

	-	-	-
	-	-	-
	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>

TOTAL Secured Liab.

Prepetition Liabilities:

Senior Notes
Junior Subordinated Debentures
Accrued Interest Payable
Accrued Expenses and other Liabilities
Payable to Affiliate

	97,647,470	97,647,470	97,647,470
	51,547,000	51,547,000	51,547,000
	7,674,426	7,674,426	7,674,426
	15,836	-	-
	-	-	-
	<u>156,884,732</u>	<u>156,868,896</u>	<u>156,868,896</u>

TOTAL Prepetition Liab.

Equity:

Capital Stock
Treasury Stock
Retained Earnings-Pre Pet.
Retained Earnings-Post Pet.

	1,036,225	1,036,225	1,036,225
	(80,278,210)	(80,278,210)	(80,278,210)
	395,524,513	395,524,513	395,524,513
	(305,028,623)	-	-
	<u>11,253,906</u>	<u>316,282,529</u>	<u>316,282,529</u>

TOTAL Equity:

**TOTAL LIABILITIES
AND EQUITY:**

	<u>168,138,638</u>	<u>473,151,425</u>	<u>473,151,425</u>
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Dated: 4/27/10


Responsible Officer of the Debtor in Possession

FORM 3 - Jan

SUMMARY OF OPERATIONS
 Period Ended: 1/31/10

Case No: 09-21323

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	-	-	-	-
Other	-	-	-	-
TOTALS:	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

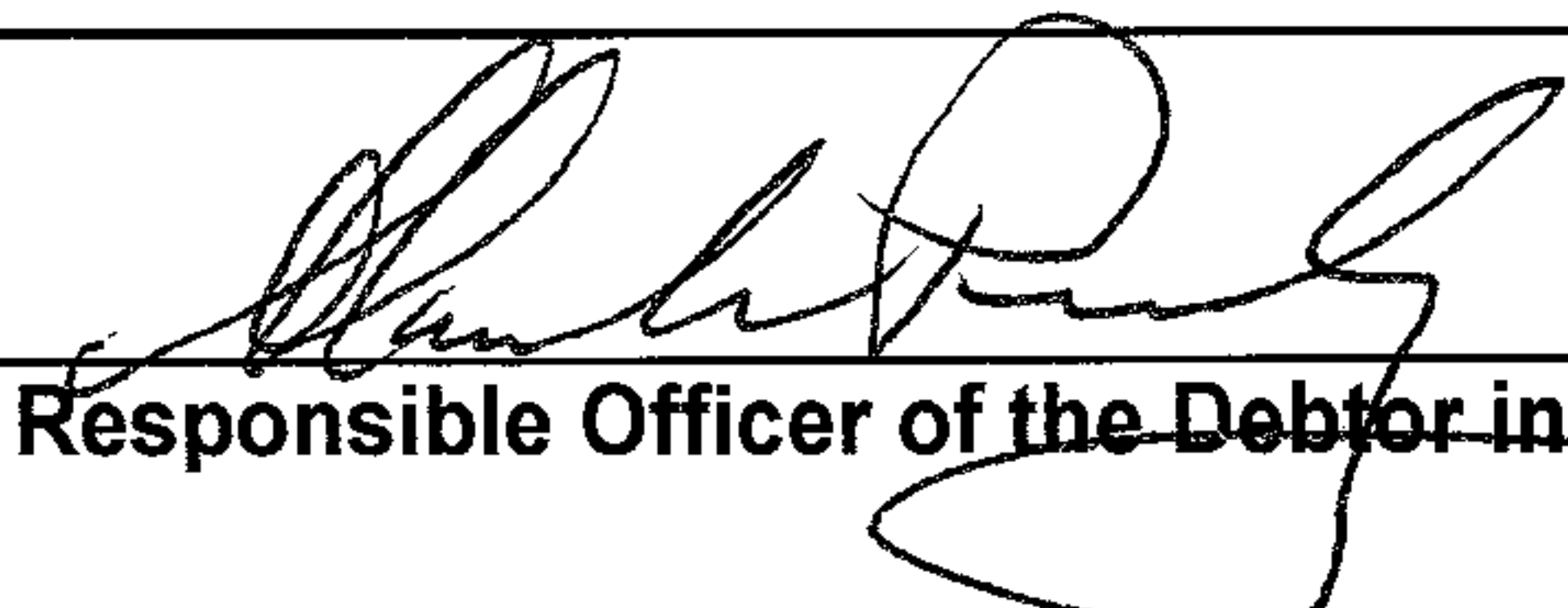
**AGING OF ACCOUNTS RECEIVABLE
 AND POSTPETITION ACCOUNTS PAYABLE**

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: *1/22/10*



Responsible Officer of the Debtor in Possession

MONTHLY CASH STATEMENT
 Period Ending: 1/31/10

Cash Activity Analysis (Cash Basis Only):

Case No: 09-21323

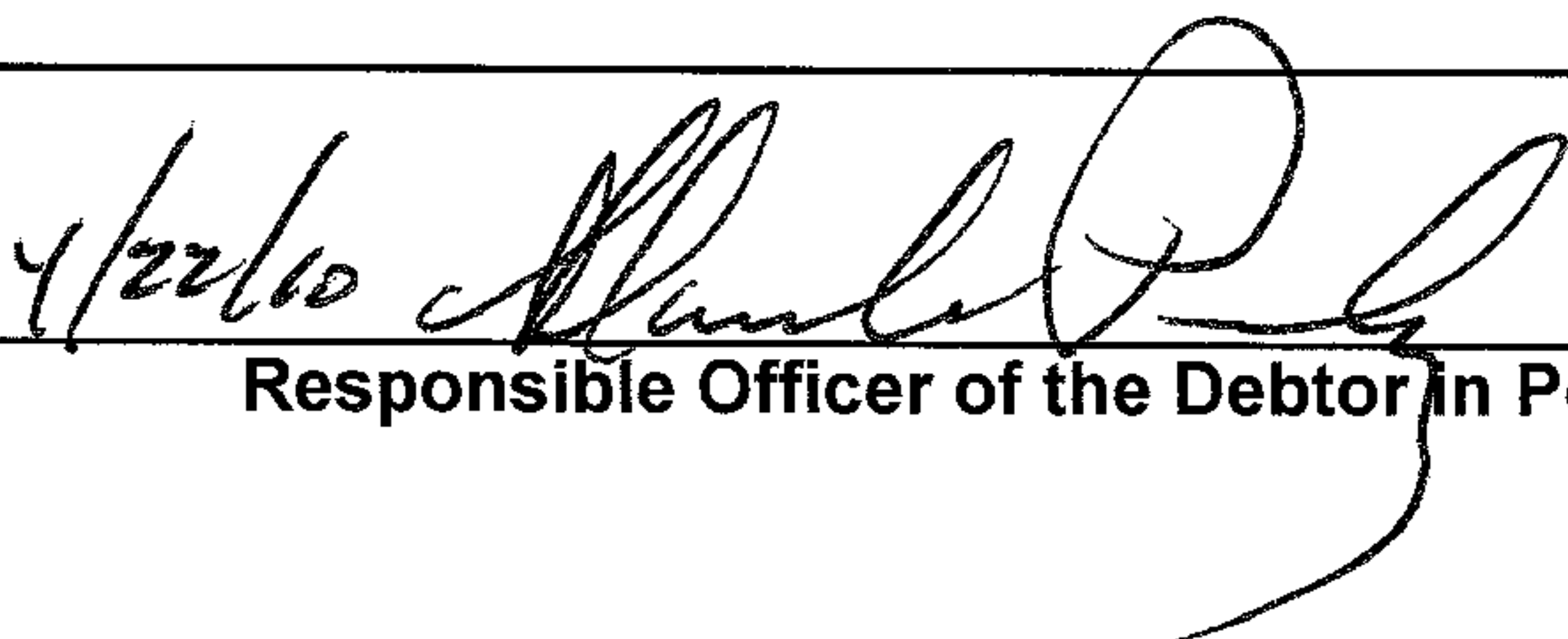
	<u>Operating Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct.</u>	<u>Petty Cash Acct.</u>
A. Beginning Balance	\$ 3,711,285				
B. Receipts (Attach separate schedule)	-				
C. Balance Available (A + B)	3,711,285				
D. Less Disbursements (Attach separate schedule)	41,269				
E. ENDING BALANCE (C - D)	3,670,016				

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

Operating Account:

1. Depository Name & Location National City Bank - Cleveland OH
 2. Account Number 140582583

Date:

4/22/10 

Responsible Officer of the Debtor in Possession

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: 1/31/10

Case No: 09-21323

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. Attach additional pages if necessary.

Name: Peter Goldberg Capacity: Shareholder
 Officer
 Director
 Insider

Detailed Description of Duties: Vice President

Current Compensation Paid: Weekly or Monthly
_____ or \$ _____

Current Benefits Paid: Weekly or Monthly

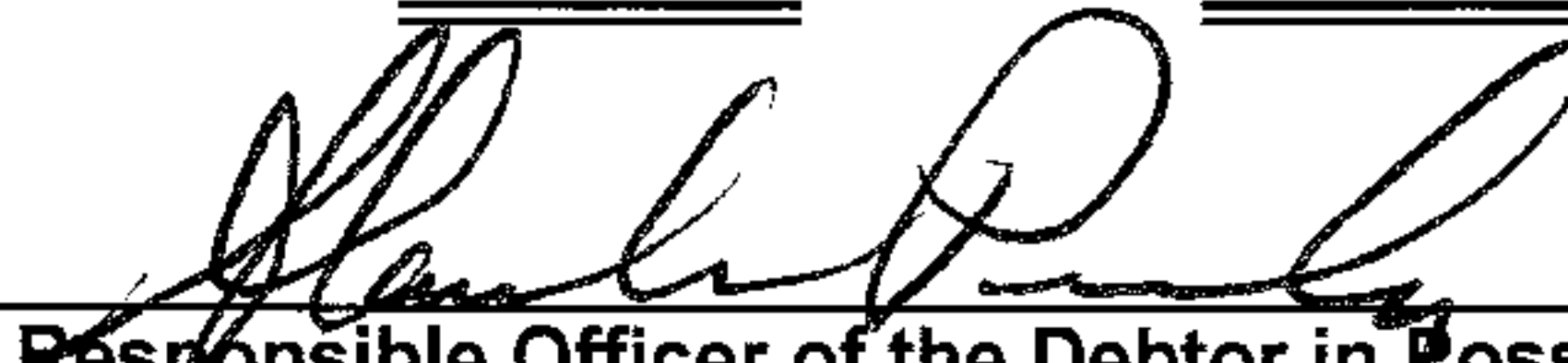
Health Insurance	<u>_____</u>	<u>_____</u>
Life Insurance	<u>_____</u>	<u>_____</u>
Retirement	<u>_____</u>	<u>_____</u>
Company Vehicle	<u>_____</u>	<u>_____</u>
Entertainment	<u>_____</u>	<u>_____</u>
Travel	<u>_____</u>	<u>_____</u>
Other Benefits	<u>_____</u>	<u>_____</u>
Total Benefits	<u>_____</u>	<u>_____</u>

Current Other Payments Paid: Weekly or Monthly

Rent Paid	<u>_____</u>	<u>_____</u>
Loans	<u>_____</u>	<u>_____</u>
Other (Describe)	<u>_____</u>	<u>_____</u>
Other (Describe)	<u>_____</u>	<u>_____</u>
Other (Describe)	<u>_____</u>	<u>_____</u>
Total Other Payments	<u>_____</u>	<u>_____</u>

CURRENT TOTAL OF ALL PAYMENTS: Weekly or Monthly
_____ or \$ _____

Dated: 4/22/10


 Responsible Officer of the Debtor in Possession

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS
 Period Ending: 1/31/10

Case No: 09-21323

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.
Attach additional pages if necessary.

Name: Robert Goldberg Capacity:

	Shareholder
X	Officer
	Director
X	Insider

Detailed Description of Duties: CEO/ President

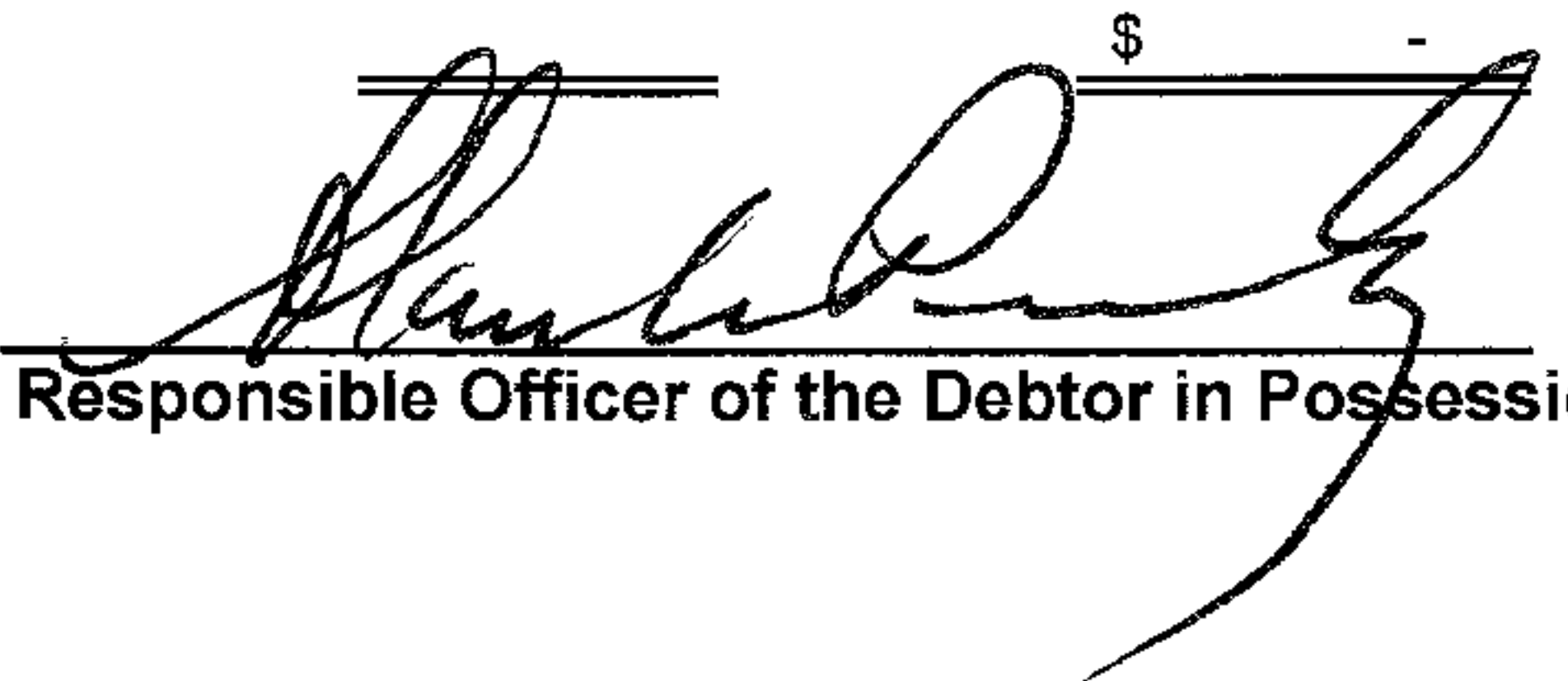
Current Compensation Paid:	Weekly	or	Monthly
			\$ <u> -</u>

Current Benefits Paid:	Weekly	or	Monthly
Health Insurance			
Life Insurance			
Retirement			
Company Vehicle			
Entertainment			
Travel			
Other Benefits			
Total Benefits			

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>

Dated: 4/22/10


 Responsible Officer of the Debtor in Possession

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS
 Period Ending: 1/31/10

Case No: 09-21323

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. Attach additional pages if necessary.

Name: Alan Presby

Capacity: _____ Shareholder
X Officer
 _____ Director
 _____ Insider

Detailed Description of Duties: CFO

Current Compensation Paid:

	Weekly	or	Monthly
	_____		\$ _____

Current Benefits Paid:

	Weekly	or	Monthly
Health Insurance	_____		_____
Life Insurance	_____		_____
Retirement	_____		_____
Company Vehicle	_____		_____
Entertainment	_____		_____
Travel	_____		_____
Other Benefits	_____		_____
Total Benefits	=====		=====

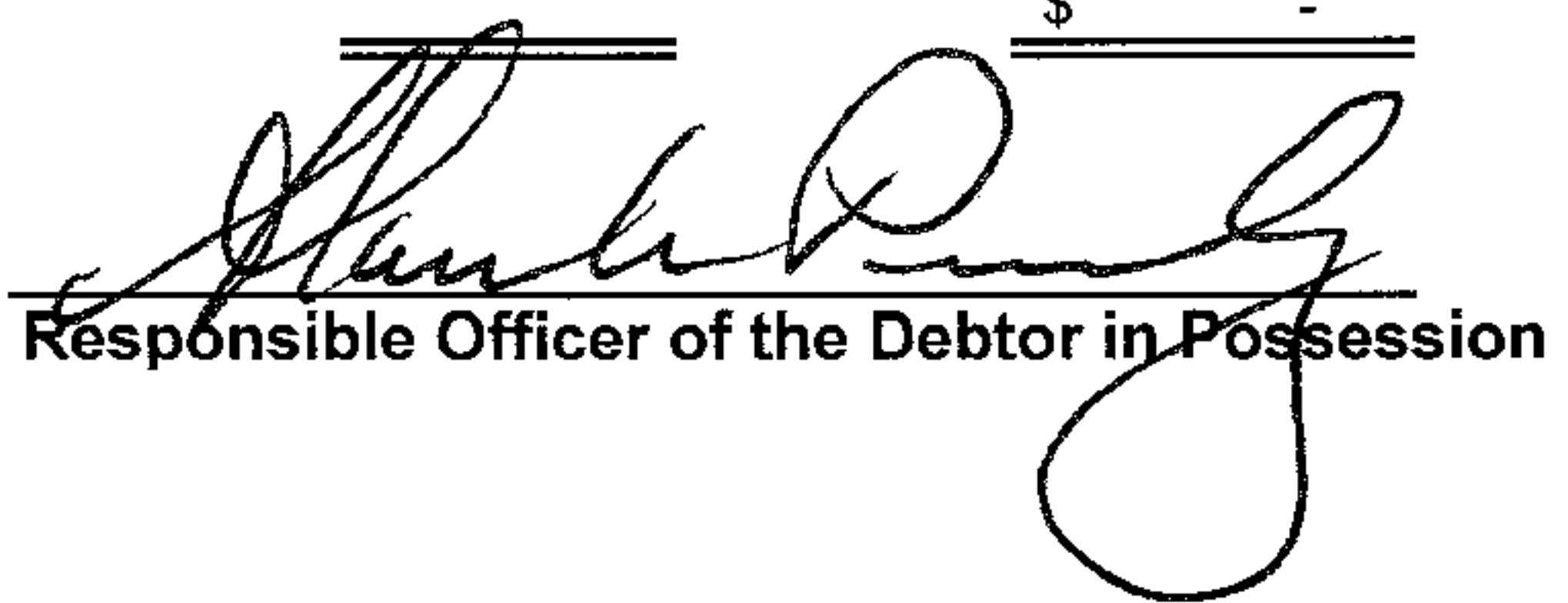
Current Other Payments Paid:

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

CURRENT TOTAL OF ALL PAYMENTS:

	Weekly	or	Monthly
	_____		\$ _____

Dated: 1/22/10


 Responsible Officer of the Debtor in Possession

SCHEDULE OF IN-FORCE INSURANCE

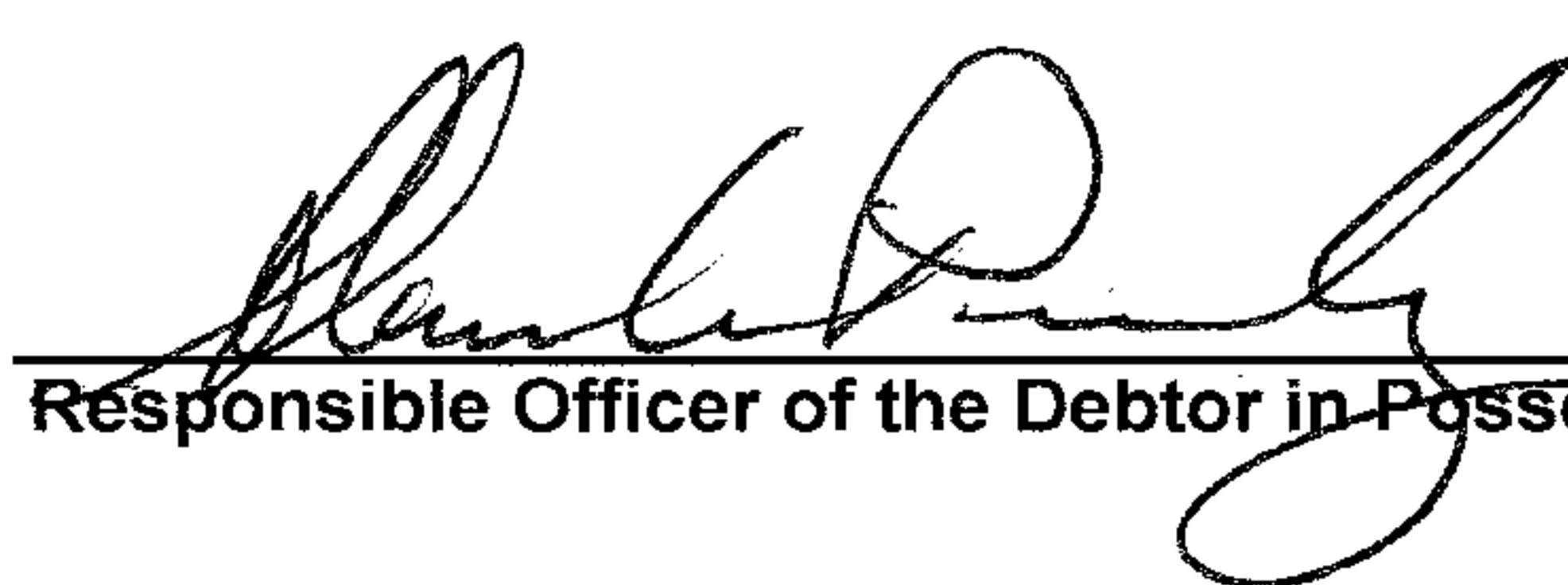
Period Ending: 1/31/10

Case No: 09-21331

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
<u>Stamp Surety Bond</u>	<u>Vigilant Ins. Co.</u>	<u>02/19/10</u>
<u>Business Auto</u>	<u>Hartford</u>	<u>04/01/10</u>
<u>Workers Comp (Outside Ohio)</u>	<u>Travelers</u>	<u>04/01/10</u>
<u>Commercial Property & Liability (except FI property)</u>	<u>Chubb Ins. Group</u>	<u>04/01/10</u>
<u>Commercial Property Florida</u>	<u>Chubb Ins. Group</u>	<u>04/01/10</u>
<u>Umbrella</u>	<u>Chubb Ins. Group</u>	<u>04/01/10</u>
<u>Excess Umbrella</u>	<u>St. Paul</u>	<u>04/01/10</u>
<u>Company Liability Policy</u>	<u>Lloyds of London</u>	<u>04/01/10</u>
<u>Employment Practices</u>	<u>Crum & Forster</u>	<u>06/20/10</u>
<u>Kidnap /Ransom and Extortion</u>	<u>Chubb Ins. Group</u>	<u>06/20/10</u>
<u>Workers Comp</u>	<u>Ohio Bureau of Workers' Comp</u>	<u>Ongoing</u>

Dated:

4/22/10



Responsible Officer of the Debtor in Possession

AFC (OSFC)
 102124 Cash in Bank, NCB Checking
 RECONCILEMENT FOR THE MONTH ENDING 1/31/10

GL Type:	CONTROL ACCT
G/L Description	Control Account for Checking Account OSR
Entry Source:	JV's, Wire Deposits, Check Deposits, BTE's
Aging Benchmark	30 days

O/S CHECK LIST

		Date	CK #	AMOUNT
A/C 140582583		09/03/09	100001	2,285.89
		01/28/10	100008	34,136.80
01/31/10 ENDING BANK BAL	3,670,016.19	01/28/10	100009	6,901.08
LESS: O/S CHECKS	(43,743.65)	01/27/10	110011	334.00
		01/29/10	110013	85.88
01/31/10 ENDING BOOK BAL	<u>3,626,272.54</u>		<u>TOTAL</u>	<u>43,743.65</u>

Schedule of Cash Receipts and Cash Disbursements

Case No: 09-21323

Operating Account:

1. **Depository Name & Location** National City Bank - Cleveland OH
 2. **Account Number** 140582583

January '10			
Cash Disbursements:			
<u>Date Cleared</u>	<u>Check #</u>	<u>Payee - Description</u>	<u>Amount</u>
1/19/2010	110000	Office Max - Office supplies	335
1/19/2010	110001	BJ's - Office supplies	240
1/20/2010	110002	Office Max - Office supplies	67
1/20/2010	110005	Jeff Goldberg - Consulting fees	7,500
1/20/2010	110006	Kate Boyle - Computer software	870
1/20/2010	110007	Jeff Goldberg - Exp reimbursement	482
1/22/2010	110008	Kinkos - Office supplies	259
1/28/2010	110009	Kinkos - Office supplies	5
1/28/2010	110010	Kinkos - Office supplies	24
1/8/2010	Wire	Wells Fargo - Benefits plan funding	31,040
1/20/2010	DBT	NCB - Analysis charges	350
1/21/2010	DBT	Intuit - Check stock	98
			<u>41,269</u>



National City Bank
PO BOX 5756
CLEVELAND OH 44101-0756

2259

Statement Period: Jan. 1, 2010 - Jan. 29, 2010
Account Number: 140582583

Contact Us**Phone:** 1-800-738-3888**TDD for the Hearing Impaired:** 1-800-290-0211**Customer Service Hours:**

Mon. - Fri.: 7 a.m. - 10 p.m. ET

Sat. - Sun.: 8 a.m. - 5 p.m. ET

Web: NationalCity.com

AMTRUST FINANCIAL CORPORATION
25700 SCIENCE PARK DR STE 365
BEACHWOOD OH 44122-7312

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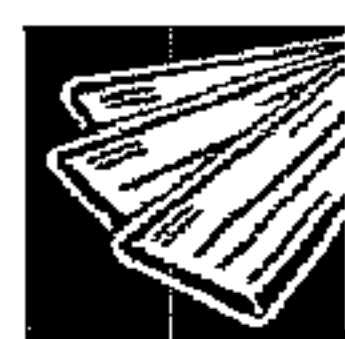
**Important Information About Your Account****1099 Interest Statements**

National City will mail 1099 interest statements for 2009 deposit accounts no later than February 1, 2010. If your account earned less than \$10.00 in interest you will not be receiving a 1099 for that account from National City. Interest information is available by calling our automated telephone banking system at the number shown on your statement. Press 1 for account information, then press 1 for the checking menu or 3 for the savings menu.

**Premium Commercial Checking****Account Summary for 140582583**

Beginning Balance as of Jan. 1, 2010		\$3,711,285.12
Deposits	0 items	+ 0.00
Miscellaneous Credits	0 items	+ 0.00
Checks	9 items	- 9,781.24
Converted Checks	0 items	- 0.00
ACH Transfers	1 item	- 98.03
Wire Transfers	1 item	- 31,040.00
Other Debits and Transfers	1 item	- 349.66
Ending Balance as of Jan. 29, 2010		\$3,670,016.19

Statement Period: Jan. 1, 2010 - Jan. 29, 2010
 Account Number: 140582583



Checks and Converted Checks

Checks

Check No.	Amount	Date	Check No.	Amount	Date
110000	\$334.58	01/19	110007	482.29	01/20
110001	239.82	01/19	110008	258.76	01/22
110002	67.04	01/20	110009	4.96	01/28
110005*	7,500.00	01/20	110010	23.75	01/28
110006	870.04	01/20			

Total: 9 items for \$9,781.24

*Indicates a gap in check sequence



ACH Transfers

Date	Description	Amount
01/21	Intuit 8004Intuit 2359231 100120	\$98.03

Total: 1 item for \$98.03



Wire Transfers

Date	Description	Amount
01/08	Wire Transfer Debit	\$31,040.00

Total: 1 item for \$31,040.00



Other Debits and Transfers

Date	Description	Amount
01/20	Analysis Charges Billing	\$349.66

Total: 1 item for \$349.66



Statement Period: Jan. 1, 2010 - Jan. 29, 2010
Account Number: 140582583

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Call the Telephone Banking Center at the number listed on the front of this statement or write us at: National City Card Services, Attn: Chargeback Department K-A12-F6, P.O. Box 2859, Kalamazoo, MI 49003-2859.

If you need more information about an electronic transfer or if you think an electronic transfer listed on your statement or receipt is wrong, notify us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Tell us your name and account number. (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information. (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days for claims made within 30 days after the first deposit to a new account), we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.



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Bank deposit products provided by PNC Bank, National Association. **Member FDIC.**

Thank you for banking with National City!

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