Amtrust Financial Services, Inc.
Form 3
November 27, 2007

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â LONGO CHRISTOPHER

C/O AMTRUST FINANCIAL
SERVICES, INC.,Â 59
MAIDEN LANE, 6TH FLOOR
(Street)

NEW YORK,Â NYÂ 10038
(City) (State) (Zip)
1.Title of Security
(Instr. 4)

| 2. Date of Event Requiring | 3. Issuer Name and Ticker or Trading Symbol |
| :--- | :--- |
| Statement | Amtrust Financial Services, Inc. [AFSI] |
| (Month/Day/Year)   <br> $11 / 26 / 2007$ 4. Relationship of Reporting 5. If Amendment, Date Original <br>  Person(s) to Issuer Filed(Month/Day/Year) |  |

(Check all applicable)

| $\qquad$ Director $\qquad$ 10\% Owner _ X Officer $\qquad$ Other (give title below) (specify below) Chief Information Officer |  |  |
| :---: | :---: | :---: |
|  |  | 6. Individual or Joint/Group |
|  |  | _X_Form filed by One Reporting |
|  |  | Person $\qquad$ Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 2. Amount of Securities <br> Beneficially Owned <br> (Instr. 4) | 3. | Ownership |
| :--- | :--- | :--- | | Ownership |
| :--- |
|  |
|  |
|  |
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|  |
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|  |
|  |
| Form: |
| Direct (D) |
| or Indirect |
| (I) |$\quad$.

Common Stock
100

D $\hat{A}$

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Security | Expiration Date <br> (Month/Day/Year) | Securities Underlying <br> (Instr. 4) | Derivative Security <br> (Instr. 4) | Conversion <br> or Exercise | Ownership <br> Form of |
|  |  | Price of | Deneficial |  |  |
|  |  | Derivative | Decurity: | (Instr. 5) |  |


| Date Exercisable | Expiration | Title | Amount or | Security |
| :--- | :--- | :--- | :--- | :--- |
| Date |  | Direct (D) |  |  |
|  |  | Number of |  | or Indirect |
| Shares | (I) |  |  |  |


| Stock option | $02 / 09 / 2007 \underline{(1)}$ | $02 / 09 / 2016$ | Common <br> Stock | 343,750 | $\$ 7$ | D | A |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Stock option | $10 / 24 / 2008 \underline{(2)}$ | $10 / 24 / 2017$ | Common <br> Stock | 50,000 | $\$ 14.55$ | D | $\hat{A}$ |

## Reporting Owners

Reporting Owner Name / Address

## Relationships

Director $10 \%$ Owner Officer Other
LONGO CHRISTOPHER
C/O AMTRUST FINANCIAL SERVICES, INC.
59 MAIDEN LANE, 6TH FLOOR
NEW YORK,Â NYÂ 10038

## Signatures

/s/ Christopher
Longo
**Signature of
11/26/2007

Date Reporting Person

## Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. $78 \mathrm{ff}(\mathrm{a})$.
(1) Stock options vest as follows: $25 \%$ of the options granted to the Reporting Person under the 2005 Equity Incentive Plan vest on February 9, 2007. The remaining $75 \%$ of the options vest pro rata quarterly over the three-year period following February 9, 2007.
(2) Stock options vest as follows: $25 \%$ of the options granted to the Reporting Person under the 2005 Equity Incentive Plan vest on October 24,2008 . The remaining $75 \%$ of the options vest pro rata quarterly over the three-year period following October 24, 2008.
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

