

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90020 034 ***150.00

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1. Entity Name

AMERICAN E & S INSURANCE BROKERS CALIFORNIA, INC.



Principal Place of Business

101 CALIFORNIA STREET, STE. 900
SAN FRANCISCO CA 94111

Mailing Address

101 CALIFORNIA STREET, STE. 900
SAN FRANCISCO CA 94111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **94-3137400**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BRADY, DENIS
101 CALIFORNIA STREET, STE. 1125
SAN FRANCISCO CA 94111 **900**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
DEBORAH M. BRODERICK
150 N. MICHIGAN AVE, SUITE 4100
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MAYEDA, MARYANNE
2603 MAIN STREET #800
IRVINE CA 92614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GRECO, ROBERT M
150 N. MICHIGAN AVENUE, STE. 4100
CHICAGO IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
OSTERMEIER, CHRISTINE M
150 MICHIGAN AVE., STE. 4100
CHICAGO IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CUTHBERT, ROBERT P
150 N. MICHIGAN AVE., STE. 4100
CHICAGO IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)

[Signature]

2/16/07

415-398-7475