2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002942

Entity Name: AMERICAN E & S INSURANCE BROKERS CALIFORNIA, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
101 CALIFORNIA STREET, SUITE 900 SAN FRANCISCO, CA 94111				101 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94111			
Current Mailing Address:				New Mailing Address:			
101 CALIFORNIA STREET, SUITE 900 SAN FRANCISCO, CA 94111				101 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94111			
FEI Number: 94-3137400 FEI Number Applied For ()			FEI Nun	Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
1201 HAYS TALLAHAS The above	ATION SERVIC S STREET SSEE, FL 3230 named entity se of Florida.		ırpose o	f changing i	ts registered o	ffice or regis	stered agent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	ıt			Date	e
Election Car	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRADY, DENIS	IA STREET, STE 900		Title: Name: Address: City-St-Zip:	P (X) BRADY, DENIS 101 CALIFORN SAN FRANCISO	IA STREET, SU	
Title: Name: Address: City-St-Zip:	VP () MAYEDA, MAR` 2603 MAIN STR IRVINE, CA 920	EET #800		Title: Name: Address: City-St-Zip:	VP (X) GETMAN, CATH 101 CALIFORN SAN FRANCISC	IA STEET, SUI	
Title: Name: Address: City-St-Zip:	GRECO, ROBE	AN AVENUE, STE. 4100		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	T () OSTERMEIER, 150 MICHIGAN CHICAGO, IL 6	CHRISTINE M AVE., STE. 4100		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	BRODERICK, D	AN AVE, SUITE 4100		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	GETMAN, CATH	IA STREET, SUITE 900		Title: Name: Address: City-St-Zip:	()	Change () A	ddition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHERINE GETMAN VP 02/12/2009