


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P38723 (3) 1. Corporation Name AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.			
Principal Place of Business 40 FULTON ST NEW YORK NY 10038 US		Mailing Address % RAMONA OLSZEWSKI 40 FULTON ST NEW YORK NY 10038-1804 US	
2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 05/01/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 13-3560056		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGREGOR, JULIE A 120 MONUMENT CIRCLE INDIANAPOLIS IN <input checked="" type="checkbox"/> DELETE VD LORIS, ROSE 40 FULTON ST NEW YORK NY <input type="checkbox"/> DELETE CDP WALSH, ROGER S. 40 FULTON ST NEW YORK NY <input type="checkbox"/> DELETE T VANNERMAN, THOMAS E 120 MONUMENT CIR INDIANAPOLIS IN <input checked="" type="checkbox"/> DELETE VD VANDERVELDE, JANE 40 FULTON ST NEW YORK NY <input type="checkbox"/> DELETE VP DONAGHY, JOHN J. 8050 SEMINOLE MALL #104 SEMINOLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S Bethany Allspaw 120 Monument Circle Indianapolis, IN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TV Ramona Olszewski 40 Fulton Street New York, NY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Robert Schneider 120 Monument Circle Indianapolis, IN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Ramona Olszewski</i> RAMONA OLSZEWSKI VPACTO 4/27/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)