

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 c/o Dennis Loughlin 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
4. FEI Number 13-3560056	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code FL	
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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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLSPAW, BETHANY	1.2 NAME	Nancy Eaton
STREET ADDRESS	120 MONUMENT CIRCLE	1.3 STREET ADDRESS	111 Monument Circle, #3200
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Indianapolis, IN 46204
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORIS, ROSE	2.2 NAME	
STREET ADDRESS	40 FULTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	CDP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, ROGER S.	3.2 NAME	Denis Brady
STREET ADDRESS	40 FULTON ST	3.3 STREET ADDRESS	101 California St., #1125
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ROBERT	4.2 NAME	Keith Maib
STREET ADDRESS	120 MONUMENT CIR	4.3 STREET ADDRESS	111 Monument Circle, #3200
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	Indianapolis, IN 46204
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERVELDE, JANE	5.2 NAME	Theresa Drago
STREET ADDRESS	40 FULTON ST	5.3 STREET ADDRESS	40 Fulton Street, 15th Floor
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10038
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAGHY, JOHN J.	6.2 NAME	
STREET ADDRESS	8050 SEMINOLE MALL #104	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I 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: *Theresa Drago* **THERESA DRAGO** 4-30-98 (212) 619-4220

CR2E034 (10/97)