2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P38723

1. Entity Name
AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.

Principal Place of Business	Mailing Address
40 FULTON ST 15TH FLOOR NEW YORK, NY 10038 US	C/O ANDREW KLEINWAKS 40 FULTON ST., 15TH FLOOR NEW YORK, NY 10038 US

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3560056

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	WITTHUN, FRANK
STREET ADDRESS	150 NO. MICHIGAN AVE. #4100
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	SVP
NAME	LORIS, ROSE
STREET ADDRESS	40 FULTON ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	EVP
NAME	BRADY, D
STREET ADDRESS	101 CALIFORNIA ST, 1125
CITY-ST-ZIP	SANFRANCISCO, CA 94111
TITLE	S
NAME	GRECO, ROBERT
STREET ADDRESS	150 NO. MICHIGAN AVE. #4100
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	T
NAME	BRODERICK, DEBORAH
STREET ADDRESS	150 NO. MICHIGAN AVE. #4100
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80054-006 150.00

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12. 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 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: _____ 2/10/04 212/437-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #