


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90227 002 ***150.00

DOCUMENT # P38723				
1. Entity Name AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.				
Principal Place of Business 40 FULTON ST 15TH FLOOR NEW YORK NY 10038 US		Mailing Address C/O ANDREW KLEINWAKS 40 FULTON ST., 15TH FLOOR NEW YORK NY 10038 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

4. FEI Number 13-3560056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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, 2005 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**

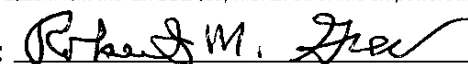
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WITTHUN, FRANK 150 NO. MICHIGAN AVE. #4100 CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LORIS, ROSE 40 FULTON ST NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP- BRADY, D 101 CALIFORNIA ST, 1125- SAN FRANCISCO CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRECO, ROBERT 150 NO. MICHIGAN AVE. #4100 CHICAGO IL 60601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRODERICK, DEBORAH 150 NO. MICHIGAN AVE. #4100 CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Director Kevin W. Conboy 150 N. Michigan Avenue, Suite 4100, Chgo, IL 60601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Christine M. Ostermeier 150 N. Michigan Avenue, Suite 4100, Chgo, IL 60601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

Robert M. Greco, Secretary 4-6-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

14008200
P38723

April 6, 2005

Officers and Directors

AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.

Name	Office Held	Business Address
Brady, Denis	President	101 California Street, Suite 1125 San Francisco, CA 94111-5854
Broderick, Deborah M.	Vice President Asst. Secretary	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Conboy, Kevin W.	Chief Executive Officer Chairman Director	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Cuthbert, Robert P.	Senior Vice President Chief Financial Officer Director	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Greco, Robert M.	Director Secretary	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601
Loris, Rose	Vice President	40 Fulton Street 15 th Floor New York, NY 10038-1886
Mayeda, Maryanne	Vice President	2603 Main Street, #800 Irvine, CA 92614
Ostermeier, Christine M.	Treasurer	150 N. Michigan Avenue Suite 4100 Chicago, IL 60601