SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P15463 (3) ALLEGHANY CORPORATION Principal Place of Business Mailing Address PARK AVENUE PLAZA PARK AVENUE PLAZA NEW YORK NY 10065 NEW YORK NY 10055 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1987 01/19/1995 2a. Mailing Addre 4. FEI Number Applied For 51-0283071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199 032. 29 Yes 🔲 No Florida Statutes Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or plinted name of registered agent and tale if applicable (NOTE: Registered Agent signature required when relistating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CD DELETE 1.1 TITLE Change Addition NAME KIRBY, F.M. 1.2 NAME STREET ADDRESS 17 DE HART STREET 1.3 STREET ADDRESS CITY - ST - ZIP MORRISTOWN NJ 1 4 CITY - ST - ZIF TITLE DELETE 2.1 Till. F ___ Change ____ Addition NAME BURNS, JOHN J. JR. 2.2 NAME 448 WEST ROAD STREET ADDRESS 2.3 STREET ADDRESS **NEW CANAAN CT** CITY-ST-ZIP 2 4 City - ST ZIP DELETE TITLE 3.1 TrTLE Change Addition NAME HART, ROBERT M 3.2 NAME STREET ADDRESS 16 SUNNY BRAE PL 3.3 STREET ADDRESS **BRONXVILLE NY** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME CUMING, DAVID B. 4 2 NAME STREET ADDRESS 22 EAST 88TH STREET 4.3 STREET ADDRESS CITY-ST-ZIP NEW YORK NY 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE AS Change Addition NAME SISMONDO, PETER R. 5.2 NAME STREET ADDRESS 11 PHEASANT DR 5.3 STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE NJ 54 CI!Y+ST ZIP TITLE DELETE 6.1 TITLE Change Addition NAME CHAPMAN, BENSON J 6.2 NAME 38 WANDA AV STREET ADDRESS 6.3 STREET ADDRESS WAYNE NJ CITY-ST-ZIP 64 CITY - ST. 7/P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HEMM HOLDEN HAVE OF SIGNING OF ICER OR DIRECTOR

6/7/96

212,508-8/15