

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:24

DOCUMENT # **P15463** (3)
1. Corporation Name
ALLEGHANY CORPORATION

Principal Place of Business Mailing Address
PARK AVENUE PLAZA **PARK AVENUE PLAZA**
NEW YORK NY 10055 **NEW YORK NY 10055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1987** 3a. Date of Last Report **04/07/1994**
4. FEI Number **51-0283071** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fes Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country
25. Country 30. Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (Block 12) Registered Agent signature required when transferring (Block 13)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	KIRBY, F.M.
STREET ADDRESS	17 DE HART STREET
CITY- ST- ZIP	MORRISTOWN NJ
TITLE	PD
NAME	BURNS, JOHN J. JR.
STREET ADDRESS	448 WEST ROAD
CITY- ST- ZIP	NEW CANAAN CT
TITLE	V
NAME	SOMERVILLE, THEODORE E.
STREET ADDRESS	870 U.N. PLAZA
CITY- ST- ZIP	NEW YORK NY
TITLE	V
NAME	CUMING, DAVID B.
STREET ADDRESS	22 EAST 89TH STREET
CITY- ST- ZIP	NEW YORK NY
TITLE	AS
NAME	SISMONDO, PETER R.
STREET ADDRESS	11 PHEASANT DR
CITY- ST- ZIP	LAWRENCEVILLE NJ
TITLE	VST
NAME	CONWAY, JOHN E.
STREET ADDRESS	744 NUTSWAMP ROAD
CITY- ST- ZIP	RED BANK NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	S HART, ROBERT M.
11. STREET ADDRESS	16 SUNNY BRAE PLACE
12. CITY- ST- ZIP	BRONXVILLE NY 10708
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	V CHAPMAN, BENSON J.
19. STREET ADDRESS	38 WANDA AVENUE
20. CITY- ST- ZIP	WAYNE NJ 07470

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, 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 person or trustee empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benson J. Chapman*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
BENSON J. CHAPMAN

1-18-95 **212,752-1956**
FILED