

**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 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**

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

4. FEI Number **51-0283071** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**  
NAME **KIRBY, F.M.**  
STREET ADDRESS **17 DE HART STREET**  
CITY-ST-ZIP **MORRISTOWN NJ**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD**  
NAME **BURNS, JOHN J. JR.**  
STREET ADDRESS **448 WEST ROAD**  
CITY-ST-ZIP **NEW CANAAN CT**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V**  
NAME **SOMERVILLE, THEODORE E.**  
STREET ADDRESS **870 U.N. PLAZA**  
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE  Change  Addition  
3.2 NAME **HART, ROBERT M.**  
3.3 STREET ADDRESS **16 SUNNY BRAE PLACE**  
3.4 CITY-ST-ZIP **BRONXVILLE NY 10708**

TITLE **V**  
NAME **CUMING, DAVID B.**  
STREET ADDRESS **22 EAST 89TH STREET**  
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **AS**  
NAME **SISMONDO, PETER R.**  
STREET ADDRESS **11 PHEASANT DR**  
CITY-ST-ZIP **LAWRENCEVILLE NJ**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VST**  
NAME **CONWAY, JOHN E.**  
STREET ADDRESS **744 NUTSWAMP ROAD**  
CITY-ST-ZIP **RED BANK NJ**

6.1 TITLE  Change  Addition  
6.2 NAME **CHAPMAN, BENSON J.**  
6.3 STREET ADDRESS **38 WANDA AVENUE**  
6.4 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 110.07, 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 REGISTERED OFFICER OR DIRECTOR  
**BENSON J. CHAPMAN**

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