

**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 CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business PARK AVENUE PLAZA NEW YORK NY 10065	Mailing Address PARK AVENUE PLAZA NEW YORK NY 10065
---	---

3. Date incorporated or Qualified 08/04/1987	3a. Date of Last Report 01/19/1995
--	--

21. Principal Place of Business 375 PARK AVE	2a. Mailing Address 375 PARK AVE
22. Suite, Apt. #, etc 3701	27. Suite, Apt. #, etc 3701
23. City & State NEW YORK, NY	28. City & State NEW YORK, NY
24. Zip 10152	29. Zip 10152

4. FEI Number 51-0283071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 (or) Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOHN J. JR.	2.2 NAME	
STREET ADDRESS	448 WEST ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW CANAAN CT	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT M	3.2 NAME	
STREET ADDRESS	16 SUNNY BRAE PL	3.3 STREET ADDRESS	
CITY- ST- ZIP	BRONXVILLE NY	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONDO, PETER R.	5.2 NAME	
STREET ADDRESS	11 PHEASANT DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	LAWRENCEVILLE NJ	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, BENSON J	6.2 NAME	
STREET ADDRESS	38 WANDA AV	6.3 STREET ADDRESS	
CITY- ST- ZIP	WAYNE NJ	6.4 CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 trustee 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: Benson J Chapman **6/7/96** **712, 508- 815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)