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 FEB 15 PM 3:06

DOCUMENT # P30954 (2)

1. Corporation Name
ALEXANDER HOWDEN REINSURANCE INTERMEDIARIES, INC

Principal Place of Business
~~1270 AVE. OF THE AMERICAS~~
~~NEW YORK NY 10020~~

Mailing Address
10461 MILL RUN CIRCLE
ATTN. CORPORATE SECRETARY
OWINGS MILL MD 21117
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 1 Whitehall Street
22 Suite, Apt. #, etc. 11th Floor
23 City & State: New York, NY 10004-2109
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 13-6105211 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ILES, RONALD A.	1.2 NAME	
STREET ADDRESS	8 DEVONSHIRE SQ.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, SIMON S.	2.2 NAME	
STREET ADDRESS	8 DEVONSHIRE SQ.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CANTLAY, PIERS	3.2 NAME	
STREET ADDRESS	8 DEVONSHIRE SQ.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	ARTEL, JOSEPH	4.2 NAME	
STREET ADDRESS	1270 AVE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MAJORIBANKS, FRANCIS N.	5.2 NAME	
STREET ADDRESS	8 DEVONSHIRE SQ.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ALICE L.	6.2 NAME	
STREET ADDRESS	10461 MILL RUN CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice L. Russell Alice L. Russell Vice President & Secretary 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date (410)-363-5801

0307386 FP