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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P30954** (2)
1. Corporation Name
ALEXANDER HOWDEN REINSURANCE INTERMEDIARIES, INC



Principal Place of Business
**1 WHITEHALL STREET
11TH FLOOR
NEW YORK NY 10004-2109
US**

Mailing Address
**10461 MILL RUN CIRCLE
ATTN. CORPORATE SECRETARY
OWINGS MILL MD 21117-5500
US**

3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 02/14/1996
4. FEI Number 13-6105211	Applied For <input type="checkbox"/> 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	

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

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	8 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	NAME	2.1 TITLE	Change Addition
NAME	D 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	NAME	3.1 TITLE	Change Addition
NAME	D 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	NAME	4.1 TITLE	Change Addition
NAME	SVP 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	NAME	5.1 TITLE	Change Addition
NAME	T 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	NAME	6.1 TITLE	Change Addition
NAME	S 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 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* 2/13/97 410-363-5805
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)