

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 034 ***150.00

DOCUMENT # P30954

1. Corporation Name

ALEXANDER HOWDEN REINSURANCE INTERMEDIARIES, INC

Principal Place of Business

123 N WACKER DR
CHICAGO IL 60606
US

Mailing Address

TAX DEPT
P.O. BOX 8264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1990

4. FEI Number

13-6105211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
ILES, RONALD A.
8 DEVONSHIRE SQ.
LONDON, ENGLAND

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BARNES, SIMON S.
8 DEVONSHIRE SQ.
LONDON, ENGLAND

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CANTLAY, PIERS
8 DEVONSHIRE SQ.
LONDON, ENGLAND

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVP
ARTEL, JOSEPH
1270 AVE OF THE AMERICAS
NEW YORK NY

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
MAJORIBANKS, FRANCIS N.
8 DEVONSHIRE SQ.
LONDON, ENGLAND

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
RUSSELL, ALICE L.
10461 MILL RUN CIRCLE
OWINGS MILLS MD

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

V
Baer, Jerome I.
123 N. Wacker Dr.
Chicago, IL 60606

T
Hardy, Arlene H.
123 N. Wacker Dr., Chicago, IL 60606

S
Jeschke, Arlene
123 N. Wacker Dr., Chicago, IL 60606

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF

JOSEPH ARTEL / V.P. TAXES

Date

Daytime Phone #

4/28/99 312 701-3140

CR2E034 (11/98)